



**LERNER
& LEMONGELLO**
AESTHETIC & RESTORATIVE DENTISTRY

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

****You May Refuse to Sign This Acknowledgement****

I, _____ have reviewed the *Notice of Privacy Practices*.

Printed Name: _____

Signature: _____

Date: _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify): _____

Office Staff Representative # 1: _____

Office Staff Representative # 2 _____

Date: _____