



ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY POLICY

You may refuse to sign this notice

I, _____, have received a
copy of Limestone Dental Associates Privacy Policy.

Name (Please Print)

Signature

Date ____

Names of Dependent Children

For Office Use Only

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

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