

# Plymouth Meeting Dental Associates

## Acknowledgment of Receipt of Notice of Privacy Practices

**\*\*You May Refuse to Sign This Acknowledgment\*\***

I, \_\_\_\_\_, acknowledge that Plymouth Meeting  
Dental Associates' Notice of Privacy Practices has been made available to me.

Please Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date : \_\_\_\_\_

### For Office Use Only

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

- \* Individual refused to sign
  - \* Communications barriers prohibited obtaining the acknowledgment
  - \* An emergency situation prevented us from obtaining  
acknowledgment
  - \* Other (please specify): \_\_\_\_\_
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