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## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I,

\_\_\_\_\_, have received a copy of

Abbadent Dental's Notice of Privacy Practices.

Please print 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
- () Communication barriers prohibited obtaining the acknowledgement
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