

**DAVID A. GOLDWYN, DDS, PC**  
*PRACTICE LIMITED TO PERIODONTICS AND IMPLANTS.*

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

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

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**I, (Please print your Name) \_\_\_\_\_,**  
**have received a copy of this office's Notice of Privacy Practices.**

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

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

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**The following is for office use only**

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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)
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