

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

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

You May Refuse to Sign This Acknowledgement

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

Signature: _____

Date: _____

The following is 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)
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