



PAUL A. COHEN, DDS
COSMETIC & FAMILY DENTISTRY

Acknowledgement of Receipt of Notice of Privacy Practices

**** You may refuse to sign this acknowledgement ****

I, _____, have read a copy of this office'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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency prevented us from obtaining the acknowledgement
- Other (Please Specify)

