

# Hale & Hale D.D.S Inc.

{NAME OF PRACTICE}

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\* You May Refuse to Sign This Acknowledgement\*

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.

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Please Print Name

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Signature

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Date

### For Office Use Only

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- Communications barriers prohibited obtaining the acknowledgement
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- Other (Please Specify)

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\_\_\_\_\_  
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