

PRANATI S CHOKSHI, D.M.D, P.A.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I HAVE RECEIVED A COPY OF THE NOTICE OF PRIVACY PRACTICES OF THIS OFFICE.

(NAME PLEASE PRINT)

(SIGNATURE)

DATE

PLEASE NOTE: IT IS YOUR RIGHT TO REFUSE TO SIGN THIS ACKNOWLEDGEMENT.

OFFICE USE ONLY

WE TRIED TO OBTAIN WRITTEN ACKNOWLEDGEMENT BY THE INDIVIDUAL NOTED ABOVE OF RECEIPT OF OUR NOTICE OF PRIVACY PRACTICES, BUT IT COULD NOT BE OBTAINED BECAUSE:

___ AN EMERGENCY PREVENTED US FROM OBTAINING ACKNOWLEDGEMENT

___ A COMMUNICATION BARRIER PREVENTED US FROM OBTAINING ACKNOWLEDGEMENT.

___ THE INDIVIDUAL WAS UNWILLING TO SIGN

___ OTHER