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Acknowledgement of Receipt of Notice of Privacy Practices
You may refuse to sign this Acknowledgement

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

Patient's Name in Print

Signature

*If patient is a minor, guardian or parent must sign.

Date

For office use only

We attempted to obtain written acknowledgement of receipt of our Privacy Practices, but acknowledgement could not be obtained because:

- = Individual refused to sign.
- = Communications barrier prohibited obtaining the acknowledgement.
- = An emergency situation prevented us from obtaining acknowledgement.
- = Other (Please Specify)

