

Kaleka and Brar Dental, a General Partnership
**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

And

Dental Materials Fact Sheet

****You May Refuse to Sign This Acknowledgement****

I, _____, have received a copy of this office's Notice of Privacy Practices, and have reviewed the Dental Materials Fact Sheet.

{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 situation prevented us from obtaining
- acknowledgement.
- Other (Please Specify).

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