

**CHESTER DENTAL ASSOCIATES  
ACKNOWLEDGEMENT OF RECEIPTS  
NOTICE OF PRIVACY PRACTICES**

I, \_\_\_\_\_, have received a copy of this office's notice of privacy practices.

(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
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other