

Always Genial Dental Care
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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**** You may refuse to sign this acknowledgement ****

I, (full name) _____, did receive a copy of
this office's Notice of Privacy Practices on (today's date) _____.

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

- Individual refused to sign
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