



AHSMILES
make your smile amazing

BRENT A. ENGELBERG, D.D.S.

ACKNOWLEDGEMENT OF RECEIPT NOTICE OF PRIVACY PRACTICES

I _____, have received a copy of the
office's Notice of Privacy Practices.

Please Print Name

Signature

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of
Privacy Practices. The 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)

