

University Suburban Dental Group, Inc
1611 South Green Road South Euclid OH 44121 216/381-6521

**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.

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 barrier prohibited acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

