

**Concepts Dentistry**  
**Dr Olga Weinstein**

**ACKNOWLEDGMENT 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**

\_\_\_\_\_  
**Please Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**(Or Signature of Legal Representative**

**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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