



**TNT DENTAL CARE**  
**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.

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

\_\_\_\_\_  
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 barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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