

Dental Implants and Periodontal health of Rochester  
1815 S. Clinton Ave. Suite 510  
Rochester, NY 14618  
**Acknowledgement of Receipt of Notice of Privacy Practices**

\* You May Refuse to Sign This Acknowledgment\*

**I have received a copy of this office's Notice of Privacy Practices.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The following person(s) may receive information regarding my protected patient information:

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

I understand that I may revoke this authorization at any time, and that my revocation is not effective unless it is in writing and received by the dental practice's Privacy Official at 1815 S. Clinton Ave. Suite 510 Rochester, NY 14618. If I revoke this authorization, my revocation will not affect any actions taken by the dental practice before receiving my written revocation.

I understand that I may refuse to sign this authorization, and that my refusal to sign in no way affects my treatment, payment, enrollment in a health plan, or eligibility for benefits.

This authorization expires on the following date, or when the following event occurs: \_\_\_\_\_

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**Below this line-For Office Use Only**

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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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