

**HAL L. COHEN, DMD, LLC**  
**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)

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For Office Use Only

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We attempted to obtain written acknowledgement of receipt to 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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