

**Irina Adler, DDS, MS**

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## **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

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\* You May Refuse to Sign This Acknowledgement\*

I, \_\_\_\_\_  
office's Notice of Privacy Practices.

Please note: A copy of the Privacy Practice is posted in our office and we will be happy to provide you with a copy at your request

\_\_\_\_\_  
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 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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