

Newton Wellesley Dental Partners

Acknowledgement of Presentation of ‘Notice of Privacy Practices’

THIS NOTICE ACKNOWLEDGES THAT YOU HAVE READ AND UNDERSTOOD THE PRIVACY PRACTICES OF NEWTON WELLESLEY DENTAL PARTNERS, LLC. AND THAT ANY QUESTIONS THAT YOU MAY HAVE WERE ANSWERED AND UNDERSTOOD TO YOUR SATISFACTION.

I acknowledge that I have reviewed the copy of this office’s Notice of Privacy Practices. I acknowledge that I understand the Privacy Practices of this office and any questions that I may have had were explained to my satisfaction

Printed Name: _____

Signature: _____

Date: _____

For office use: witness name _____

Individual refused to sign

Communications barriers prohibited obtaining the acknowledgement

An emergency situation prevented us from obtaining the acknowledgement

Other (please explain) _____
