



Vani M. Patibandla, DDS

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.

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
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify)

Patibandla Dental

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