



Krystelle Terry Duvert, DDS

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

****You May Refuse to Sign This Acknowledgement****

I, _____, have reviewed a copy of this office's Notice of Privacy Practices and aware that the office has a copy of the Notice available to take with me if I request one.

{Please Print Name} PATIENT (18yrs+)/GUARDIAN

{Signature}

{Date}

For Office Use Only

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- ☐ Individual refused to sign
 - ☐ Communications barriers prohibited obtaining the acknowledgement
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 - ☐ Other (Please Specify)
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