



# EVER CARE DENTAL, PC

22 E 21<sup>st</sup> Street, #2F  
New York, NY 10010

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## ACKNOWLEDGEMENT OF RECEIPT OF THE NOTICE OF PRIVACY PRACTICES

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I, \_\_\_\_\_, have received a copy of this office's " Notice of Privacy Practices." I also understand that I have the right to refuse to sign this acknowledgement.

\_\_\_\_\_  
Name ( Signature )

\_\_\_\_\_  
Date

Name ( In Print ): \_\_\_\_\_

Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Zipcode: \_\_\_\_\_

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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.

Communication barriers prohibited obtaining the acknowledgement.

An emergency situation prevented us from obtaining acknowledgement.

Other \_\_\_\_\_