Spring Dental Group Ltd.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

	You may refuse to sign this acknowledgement.
, Notice	, have received a copy of this office's of Privacy Practices.
	Please Print Name
	Signature
	Date
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	tempted to obtain written acknowledgement of receipt of our Notice of Privaces, 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)