

Dr. Kian Nabavizadeh

## Acknowledgement of Receipt of Notice of Privacy Practices and Dental Materials Fact Sheet

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**Purpose:** We are required by law to provide these forms and make a good faith effort to obtain acknowledgement of receipt. You May Refuse to Sign This Acknowledgement

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I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
{Please Print Name}

\_\_\_\_\_  
{Signature}

\_\_\_\_\_  
{Date}

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### 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
  - Communications barriers prohibited obtaining the acknowledgement
  - An emergency situation prevented us from obtaining acknowledgement
  - Other (Please Specify)
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_