



**ASSOCIATES IN PERIODONTICS**

Brian Shuman, DMD  
Adisa Ratanasirintraooot, DDS, MSD, CAGS  
Upasna Janu, BDS, MSD

## Acknowledgement of Receipt of Notice of Privacy Practices

# ASSOCIATES IN PERIODONTICS, PLC

*\*You May Refuse to Sign This Acknowledgment\**

**I have received a copy of this office's Notice of Privacy Practices.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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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 (Please Specify)

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