



Acknowledgement of Receipt of Notice of Privacy Practices

Parkside Dental, P.C.
825 S. 8th Street, Suite 1216
Minneapolis, MN 55404

I acknowledge I have received and reviewed a copy of Parkside Dental's Notice of Privacy Practices.

Printed Name

Signature

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign the acknowledgement
- Emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)