Acknowledgement of Receipt of Notice of Privacy Practices

Parkside Dental, P.C.
2677 Innsbruck Drive, Suite B
New Brighton, MN 55112

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): _____