

Welch Orthodontics

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

"You May Refuse To Sign This Acknowledgment"

I (*Print Name*): _____ have read and received a copy of
this office's "Notice of Privacy Practices".

Signature: _____

For Office Use Only

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An Emergency situation prevented us from obtaining acknowledgement
- Other =

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