

QUALITY DENTAL CARE
Bogdan N. Bodroug DDS, PS

* You May Refuse to Sign This Acknowledgment*

I acknowledge that I was provided a copy of this office's Notice of Privacy Practices (or had the opportunity to read if I so chose) and understood the Notice.

Print Name: _____

Signature: _____

Date: _____

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
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

