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**ACKNOWLEDGEMENT OF RECEIPT OF
 NOTICE OF PRIVACY PRACTICES**

YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT

I, _____, HAVE RECEIVED A COPY OF THIS OFFICE'S "NOTICE OF PRIVACY PRACTICES".

 (PLEASE PRINT YOUR NAME)

 (SIGNATURE)

 (DATE)

FOR OFFICE USE ONLY BELOW THIS LINE

WE ATTEMPTED TO OBTAIN WRITTEN ACKNOWLEDGEMENT OF RECEIPT OF OUR PRIVACY PRACTICES NOTIFICATION, BUT ACKNOWLEDGEMENT COULD NOT BE OBTAINED BECAUSE:

- INDIVIDUAL REFUSED TO SIGN.
- COMMUNICATIONS BARRIERS PROHIBITED OBTAINING THE ACKNOWLEDGEMENT.
- AN EMERGENCY SITUATION PREVENTED US FROM OBTAINING ACKNOWLEDGEMENT.
 (PLEASE SPECIFY BELOW)
- OTHER (PLEASE SPECIFY BELOW)

