

MAIN STREET DENTAL CENTER

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

\*You may refuse to sign this Acknowledgement\* You may request a copy of these practices for your records\*

I, \_\_\_\_\_, have reviewed a copy of this office's  
Notice of Privacy Practices.

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

**FINANCIAL POLICY**

By signing below, I acknowledge that I have reviewed and understand Main Street Dental Center's  
financial policy. I agree to the terms and conditions listed in said policy.

\* You may request a copy of this policy for your records

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Office Use Only**

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

- Individual refused to sign
- Communication barriers prevented obtaining acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (please specify)