

Acknowledgement of Receipt of Notice of Privacy Practices

M. Nader Sharifi, DDS, MS

* You May Refuse to Sign This Acknowledgment*

I have received a copy of this office's Notice of Privacy Practices.

Print Name: _____

Signature: _____

Date: _____

Right to Revoke:

I have the right at any time to revoke this Acknowledgement for any reason.

Signature: _____

Date: _____

E-mail Statement and Acknowledgment:

It is our office's goal to keep your information confidential and secure. Being that most E-mail systems are unencrypted, there are inherent risks with E-mail (e.g. interception, alteration). If you understand the risks associated with E-mail and would still like to be communicated with in that way, please acknowledge below.

(Initial)

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