
*Privacy Act for Orthodontics at Jackson Heights Smiles, PLLC
30-62 79 Street, Jackson Heights, New York 11370*

**ACKNOWLEDGMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

You May Refuse to Sign This Acknowledgment

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

Please Print Patient Name

Signature

Today's Date

FOR OFFICE USE ONLY

**We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices.
However, acknowledgment could not be obtained because:**

- Individual refused to sign**
- Communications barriers prohibited obtaining the acknowledgment**
- An emergency situation prevented us from obtaining acknowledgment**
- Other (Please specify)**