



Paul Binon **dds_msd**

and associates

IMPLANT DENTISTRY
& PROSTHODONTICS

Acknowledgement of Receipt of Notice of Privacy Practices

PAUL P. BINON, DDS, MSD

* You May Refuse to Sign This Acknowledgment*

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

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