



PERIODONTAL ASSOCIATES

SHAYNA S. RONDON, DDS, MS

ACKNOWLEDGEMENT OF RECEIPT

NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgement

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

___ Communication barriers prohibited obtaining the acknowledgement

___ An emergency situation prevented us from obtaining acknowledgement

___ Other (please specify)
