

*Renuka P. Kumar, DDS*

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

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\*You may refuse to sign this Acknowledgement\*

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

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Please Print Name

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Signature

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Date

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**For Office use Only**

We attempted to obtain acknowledgement of receipt of our Notice of Privacy Practices.  
But such 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
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