

James M. Stein, D.M.D.
50 Staniford Street, 10th Floor
Boston, MA 02114
617-227-6076
Steinesthetics.com / Steindigident@gmail.com

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

Print Patient's Name

Print Guardian's Name (if applicable)

Patient's Signature

Guardian's Signature (if applicable)

Date

**** You May Refuse to Sign This Acknowledgement***

For Dr. James M. Stein's 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*):
