

BRYAN CARLIN, D.M.D.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICES OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

(Please Print Name) _____, I have received a copy of this offices
Notice of Privacy Practices.

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
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