Fred B. Kastenbaum, D.M.D., LLC 580 Park Avenue New York, NY 10065

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

YOU MAY REFUSE TO SIGN THIS ACKNOWEDGEMENT

I,	, have received a copy of this office's
Notice of Privacy Practices.	
Please Print Name	
Signature	
Date	
	For Office Use Only
We attempted to obtain written ack Practices, but acknowledgement cou	nowledgement of receipt of our Notice of Privacy ald not be obtained because:
☐ Individual refused to sign	
Communications barriers prohi	ibited obtaining the acknowledgement
☐ An emergency situation prevent	ted us from obtaining acknowledgement
Other (Please specify)	

**2002 American Dental Association All rights reserved	

This Form is educational only, does not constitute legal advice, and covers only federal not state, law (August 14, 2002)