



# Acknowledgment of Receipt of Joint Notice of Privacy Practices

## Reconocimiento de Recibo del Aviso Conjunto de las Prácticas de Privacidad

I have received a copy of the Joint Notice of Privacy Practices of SmileCare Coast Dental of California, Dental Group of Adam Diasti D.D.S. P.C., Coast Dental of Texas, PC, Coast Florida P.A., Coast Dental, P.A., Coast Dental of Georgia, P.C., Coast Dental of South Georgia P.C., or COAST DENTAL OF NEVADA, INC., (these entities are collectively referred to as "Coast Dental").

He recibido una copia del Aviso Conjunto acerca de las Prácticas de Privacidad de SmileCare Coast Dental of California, Dental Group of Adam Diasti D.D.S. P.C., Coast Dental of Texas, PC, Coast Florida P.A., Coast Dental, P.A., Coast Dental of Georgia, P.C., Coast Dental of South Georgia P.C., or COAST DENTAL OF NEVADA, INC., (se hace referencia colectiva a estas entidades como "Coast Dental").

Printed Name / Nombre con letra de molde

Date / Fecha

Signature of Patient (or authorized guardian)  
Firma del Paciente (o su tutor autorizado)

If authorized guardian, relationship to patient  
Si es el tutor autorizado, relación al paciente

Witness Name / Nombre del testigo

Witness Signature / Firma del testigo

**\*YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGMENT\***  
**\*USTED PUEDE NEGARSE A FIRMAR ESTE RECONOCIMIENTO DE RECIBO\***

### THIS SECTION FOR OFFICE USE ONLY / ESTA SECCIÓN SÓLO PARA USO INTERNO

We attempted to obtain written acknowledgment of receipt of our Joint Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign.
- Communication barriers prohibited obtaining the acknowledgment.
- An emergency situation prevented us from obtaining acknowledgment.
- Other (Please Specify): .....

Office Location: .....

Date: .....