



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 Coast Florida, P.A., Coast Dental, P.A., Coast Dental of Georgia, P.C., Coast Dental of South Georgia P.C., Coast Dental of Texas, PC, 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 Coast Florida, P.A., Coast Dental, P.A., Coast Dental of Georgia, P.C., Coast Dental of South Georgia P.C., Coast Dental of Texas, PC, 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: