

Trey Rosdick, D.M.D.

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**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

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

I have been provided a copy of this office's Notice of Privacy Practices.

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*Please Print Name*

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*Signature*

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*Date*

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**For Office Use Only**

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

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (*Please Specify*)

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