



**Madison Avenue Dental Arts**



## Acknowledgement of Receipt of Notice of Privacy Practices

**Purpose:** This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

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 acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because (check one):

Individual refused to sign

Communications barriers prohibited obtaining the acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Other (Please Specify)

---

You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice, at any time by contacting:

Contact Person: Lorraine Rosenblat

Telephone: 201-845-5533

E-mail: [dubovdds@hotmail.com](mailto:dubovdds@hotmail.com)

Address: 27 Madison Ave Ste 110, Paramus, NJ 07652