

Curtis Marc Standish, D.M.D., P.A.

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, \_\_\_\_\_ have received a copy of this office's  
Notice of Privacy Practices.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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For Office Use Only

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- 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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