

East Brunswick Family and Implant Dentistry
561 Cranbury Road, Suite K
East Brunswick, NJ 08816

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

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

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

{Signature}

{Date}

Other Family members or significant others that we can release information to _____

Office Use

The Patient refused to sign our Notice of Privacy Practices because:
