

PROGRESSIVE DENTAL, PLLC
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.

{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:

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

ENDWELL565 Hooper Rd.
Endwell, NY 13760
P: 607.754.2273
F: 607.754.9526**NORWICH**101 S. Broad St.
Norwich, NY 13815
P: 607.334.8666
F: 607.334.6662**MONTROSE**57 Public Ave.
Montrose, PA 18801
P: 570.278.1186
F: 570.278.7447**KIRKWOOD**1113 US Rte. 11
Kirkwood, NY 13795
P: 607.722.5464
F: 607.775.1125**BINGHAMTON**51 Front St.
Binghamton, NY 13905
P: 607.724.7166
F: 607.724.7178