

**Crestview Dental Associates**  
41 East Avenue  
Westerly, RI 02891  
401-596-4448  
crestviewdentalassociates.com

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

You may refuse to sign this acknowledgment.

I acknowledge that I have received a copy of this office's Notice of Privacy Practices.

---

Patient Name

---

Patient Signature (Parent or Legal Guardian if under 18)

---

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.
- Communication barriers prohibited obtaining the acknowledgement.
- An emergency situation prevented us from obtaining the acknowledgement.
- Other (please specify)

---

---

---