

LOCATED IN THE: DERMIX DENTAL & MEDICAL SPA CENTER 10719 Riverside Drive Toluca Lake, CA 91602

## P: 818.508.7272 F: 818.508.7444

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

"You May Refuse to Sign This Acknowledgement"	
I,Name	, have received a copy of this office's Notice of
Privacy Practices.	
Please Print Name	
Signature	
Date	
	ASK FOR COPY OF PRIVACY POLICY FROM FRONT DESK Office Use Only
We attempted to obtain written acknowledgement of re Privacy Practices, but acknowledgement could not be obtained because:	eceipt of our Notice of
Individual refused to sign	
Communications barrier prohibited obtain	ning the acknowledgement
An emergency situation prevented us from	n obtaining acknowledgement
Other (Please Specify)	