

**DOUGLAS S. VOSE, DDS, PC**

**ACKNOWLEDGMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

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**\*You May Refuse To Sign This Acknowledgment \***

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**FOR OFFICE USE ONLY**

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We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

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

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