

Life Family Dentistry  
"Smiles that last a Lifetime"  
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## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, \_\_\_\_\_, have received a copy of the LIFE FAMILY DENTISTRY  
Notice of Privacy.

Please Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If this Acknowledgment is signed by a personal representative on behalf of the patient,  
complete the following:

Personal Representative's Name: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

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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): \_\_\_\_\_