

**Daniel B Levitt, DDS, PC  
& Associates  
160-34 Willets Pt Blvd.  
Whitestone, NY 11357**

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

I, \_\_\_\_\_, have read a copy of the  
PATIENT'S NAME (PRINT)

**Notice of Privacy Practices** of this office.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Please Note: It is your right to refuse to sign this acknowledgement.**

\_\_\_\_\_  
*Office Use Only*

We tried to obtain written acknowledgement by the individual noted above of receipt of our **Notice of Privacy Practices**, but it could not be obtained because:

- An emergency prevented us from obtaining acknowledgement.
- A communication barrier prevented us from obtaining acknowledgement.
- The individual was unwilling to sign.
- Other:

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