

Children's Dental Care CORP.
422 Main Street
Stoneham, MA, 02180
Tel: (781)438-0300
Fax: (781)438-0336

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Tel: (781)438-0300
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**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICES**

You May Refuse to Sign This Acknowledgment

I,(parent's name), have received a
copy of this office's Notice of Privacy Practices.

.....
Child's name

.....
Signature Date

For Office Use Only

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

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