

Children's Dental Care CORP.  
422 Main Street  
Stoneham, MA, 02180  
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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