

NORTHAMPTON DENTAL GROUP, P.C

ROBERT D. BOYNTON, JR., DDS

Your May Refuse To Sign This Acknowledgment

I have received a copy of this office's Notice of Privacy Practices.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

For Office Use Only

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

Individual refused to sign

Communications barriers prohibited obtaining the acknowledgement

Other (Please Specify)

