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**A. Patrick Smithwick III, D.D.S., P.L.L.C.**  
**ACKNOWLEDGEMENT OF RECEIPT OF**  
**NOTICE OF PRIVACY PRACTICES**

**\*\*You May Refuse to Sign This Acknowledgement\*\***

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

\_\_\_\_\_  
{PRINT Parent Name}

\_\_\_\_\_  
{Parent Signature}

\_\_\_\_\_  
{Date}

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**For Office Use Only**

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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
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

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\_\_\_\_\_  
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