



**LEVESQUE DENTISTRY**  
cosmetic • implant • restorative

**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 Practice.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

---

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

- **Individual refused to sign**
  - **Communication barriers prohibited obtaining the acknowledgement**
  - **An emergency situation prevented us from obtaining acknowledgement**
  - **Other (Please Specify)**
- 
- 

**193 Kinsley Street Nashua, NJ 03060**