

Charles M. Sampognaro, D.D.S.
Acknowledgment of Receipt of Notice of Health Information Privacy Practice

I, (patient name) _____, acknowledge receipt of this **Notice of Health Information Privacy Practice**.

I, _____, certify that I have made a good faith effort to obtain written acknowledgement of receipt of this **Notice of Health Information Privacy Practice**, from patient _____
But the acknowledgment was not obtained because:

By: _____

This _____ day of _____, 2010.