



## **Acknowledgement Of Receipt Of Notice of Privacy Practices**

Please sign below and return this form to a team member so that we know you have received our Notice of Privacy Practices.

I acknowledge receipt of the Notice of Privacy Practices prepared by Sree J. Raman, DMD. Also, I acknowledge that I have had an opportunity to ask questions about the practice's notice of Privacy Practices.

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Name of Patient or Legal guardian

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Signature

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Date

Note to Office Team All team members must make a good faith effort to obtain a written acknowledgement of receipt of Notice of Privacy Practices; if the team member is unable to obtain the written acknowledgement from a patient, the team member should document the efforts they have made to obtain the acknowledgement and the reason why the patient's signature was not obtained.

***Sree J. Raman, DMD***

***222 River Road***

***Manchester NH 03104***