

**Arthur B. Sorkin, D.D.S., M.S.**  
**Vivian A. Sorkin, D.M.D.**

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

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

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

.....  
**For Office Use Only**  
.....

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, however, acknowledgement could not be obtained because: (please circle one)

- Individual refused to sign
- Given to patient to take to parent/guardian
- Other

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