



South Shore Dentistry
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Acknowledgement of Receipt of Notice of Privacy Practice

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

Patient name

Patient signature and date

OFFICE USE ONLY

We attempted to obtain a written acknowledgement of receipt of our Notice of Privacy Practice, but acknowledgement could not be obtained because (select):

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