



South Shore Dentistry  
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Wellington, FL 33414

## Acknowledgement of Receipt of Notice of Privacy Practice

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

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Patient name

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Patient signature and date

### OFFICE USE ONLY

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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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