



PRIVACY PRACTICES ACKNOWLEDGEMENT

Kappa Dental Group

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ACKNOWLEDGEMENT FORM

I have received the Notice of Privacy Practices, and I have been provided an opportunity to review it.

Name _____ Date of Birth _____

Signature _____

Date _____

_____ attempted to obtain patient's acknowledgement but was
unable to do so. The reason it was not obtained was _____.

Signature _____

Date _____