

Traci A. Portnoff, D.M.D., P.C.  
65 West Main Street  
Westborough, MA 01581  
(508) 366-3623

**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

*\*You May Refuse to Sign This Acknowledgement\**

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, but acknowledgement could not be obtained because:

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

---

---

---