

**DEBORA ZIVARI, DDS  
69-10 Yellowstone blvd  
Forest Hills, NY 11375  
(718)520-9106**

**Acknowledgment of Receipt of  
Notice of Privacy Practices**

**Purpose:** this form is used to obtain acknowledgement of receipt of our Notice of privacy practices or to document our good faith effort to obtain that acknowledgement.

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

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

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

For Office Use Only

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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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify)

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