

**Christopher G. Jaghab D.D.S., P.C.**

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West Bloomfield, MI 48322

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

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\*You May Refuse To Sign This Acknowledgement

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

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Please Print Name

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Signature

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Date

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**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
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify)

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