

SMILE SOLUTIONS

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

*If you would like a hard copy of our Privacy Policy for your records please ask a member of our staff,
or you can have it sent to you via e-mail.*

*****You May Refuse To Sign This Acknowledgement*****

I, _____, have reviewed/received a
copy of the Notice of Privacy Practices from Smile Solutions aka
Robert P. Berg, D.D.S., P.C.

SIGNATURE

DATE

For Office Use Only Below This Line

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)

