



COASTAL MAINE
Pediatric Dentistry

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Acknowledgment of Receipt of Notice of Privacy Practices

(You may refuse to sign this acknowledgment)

I, _____ have been informed of this office's Notice of Privacy Practices.

Print Name _____

Signature _____ **Date** ____/____/____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
 - Communications barriers prohibited obtaining the acknowledgment
 - An emergency situation prevented us from obtaining acknowledgment
 - Other (please specify): _____
- _____
- _____
- _____