

MARIO A. PEDROZA, D.D.S.

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**ACKNOWLEDGEMENT OF THE 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**
- Communications barriers prohibited obtaining the acknowledgement**
- An emergency situation prevented us from obtaining acknowledgement**
- Other (please specify)**

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