## SmileChicago Sheldon Seidman 400 N Michigan Avenue, Ste 1014 Chicago, IL 60611

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

I,, have received a copy of the <b>Notice of Privacy Practices</b> of this office.		
Signature	Date	
	Office Use Only	
	acknowledgement by the individual noted above of receipt of our , but it could not be obtained because:	
An emergency prev	nted us from obtaining acknowledgement.	
A communication be	rrier prevented us from obtaining acknowledgement.	
The individual was u	nwilling to sign.	