

The Dentist on Boones Ferry Acknowledgment of Receipt of Notice of Privacy Practices

**** You may refuse to sign this acknowledgement****

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

Print Name _____

Signature _____

Date _____

For Official Use Only

We attempted to obtain 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 the
acknowledgement
- Other (please specify)
