



## Acknowledgement of Receipt of Notice of Privacy Practices

*\*\* you may refuse to sign this acknowledgement \*\**

I, \_\_\_\_\_ have received a copy of  
Happy Valley Dentistry's Notice of Privacy Practices.

\_\_\_\_\_  
(Please print name)

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

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### FOR OFFICE USE ONLY

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We attempted to obtain Acknowledgement of Receipt of Notice of Privacy Practices here at Happy Valley Dentistry; however, acknowledgement could not be obtained because:

- ☐ Individual refused to sign
  - ☐ Communications barrier prohibited obtaining the acknowledgment
  - ☐ An emergency situation prevented us from obtaining acknowledgement
  - ☐ Other (please specify) \_\_\_\_\_
- \_\_\_\_\_