



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

***You may refuse to sign this acknowledgment**

I have received a copy of Park West Dental's Notice of Privacy Practices.

Signature of Patient or Legal Guardian

Date

Printed Name of Patient or Legal Guardian

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
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)