

# **WILSON & WILSON DENTISTRY**

## **Acknowledgement of Receipt of Notice of Privacy Practices**

**\*\* You May Refuse to Sign This Acknowledgment\*\***

I have reviewed and/or received a copy of this office's Notice of Privacy Practices.

Printed Full 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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