

**Pacific Dental Associates**  
**Acknowledgement of Receipt of**  
**Notice of Privacy Practices**

\* You May Refuse to Sign This Acknowledgement \*

I, \_\_\_\_\_, have read and received (if requested) a copy of this office's Notice of Privacy Practices.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**For Office Use Only**

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We attempted to obtain written acknowledgement of receipt of our 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) \_\_\_\_\_