

Wenatchee Dental
808 N. Miller Street
Wenatchee, WA 98801

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

“YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT”

I have received a copy of this office’s Notice of Privacy Practices.

Patient’s Name *Please Print*

Signature of Patient (Parent or Guardian of Child)

Date

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)
