



**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICES**

You may refuse to sign this acknowledgement

I _____ have received
a copy of Pacific Park Family Dental's privacy practices.

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our
Privacy Practices,

Acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the
acknowledgement
- An emergency situation prevented us from obtaining
acknowledgement
- Other:

Staff Initials: _____ Date: _____