

Halvorson and Hembrough, D.D.S., M.S., PC
ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I, _____ (Print Name),
have received a copy of this office's Notice of Privacy
Practices.

(Signature)

(Date)

For Office Use Only

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)

(Office Staff Signature)

(Date)