



HAKALA FAMILY DENTISTRY

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse To Sign This Acknowledgment

I have received a copy of this office's "Notice of Privacy Practices"

Print Patient or Guardian Name: _____

Signature (Patient/Guardian if patient is a minor): _____

Date: _____

FOR OFFICE USE ONLY

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

- Individual refused to sign
- Communication barriers prohibited obtaining the Acknowledgement
- An emergency situation prevented us from obtaining Acknowledgement
- Other (please specify):
