

**Hakala Family Dentistry
4200 E. 8th Ave., Ste. 200
Denver, Colo. 80220
303-393-9911**

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICE**

****You may refuse to Sign this Acknowledgment****

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

Print Patient Name (s):

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", but acknowledgment could not be obtained because:

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

