



Acknowledgement of Receipt of Notice of Privacy Practices

****You May Refuse To Sign This Acknowledgement****

I have read/or received a copy of this office's Notice of Privacy Practices.

Print Patient Name: _____

Patient/Guardian 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)_____

A copy of our Notice of Privacy Practices can be provided upon request.

If you have any questions, please contact:

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