

Dwayne Hall Dentistry
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**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICES**

“YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT”

I, _____, have received a copy of this
office’s Notice Of Privacy Practices.

Patient’s Name *Please Print*

Signature of Patient (Parent or Guardian if Child)

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
- () Communication barriers prohibited obtaining the acknowledgement
- () An emergency situation prevented us from obtaining
acknowledgement
- () Other (Please Specify)
