



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

****You may refuse to sign this acknowledgement****

I, _____, have received a copy of this offices
Notice of Privacy Practices.

I authorize _____
to access my protected health information.

(This gives you the right to authorize anyone other than yourself and
Desert Vista North to have access to your dental info. Eg: Spouse,
parents, etc.)

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