## Summerlin Dental :)

410 S. Rampart Blvd., Suite #360 Las Vegas, NV 89145 (702) 228-2218

## 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.

(Please Print Name)

(Signature)

(Date)

For Office Use Only

We attempted to obtain written Acknowledgement of Receipt of Notice of Privacy Practices, but acknowledgement could not be obtained because:

Individual refused to sign

Communication barriers prohibited us from obtained acknowledgment

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Employee Name

Office Name

**Employee Signature** 

Date