

Eagle Run West Dental Group
**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

**** You May Refuse to Sign This Acknowledgement****

I, _____, have been made aware that Eagle Run West Dental Group abides by the HIPAA Privacy Act. We maintain privacy on all your records and will not release any information without your written consent.

{Please Print Patient Name}

{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)