
W. Ronald Wilson, DDS, Inc.

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**Acknowledgement of Receipt of
Notice of Privacy Practices, (HIPAA)**

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The Facts About Fillings, (DBC, May 2004)

I, _____, have been offered a copy of this office's Notice of Privacy Practices and The Facts About Fillings.

{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)

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