

ARIZONA SUNSET DENTAL P. C.
ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I, _____, have read/ received a copy of the Notice of Privacy Practices for this office.

I, _____, authorize _____ (_____) to receive information about my treatment, appointments, and balances.

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 the acknowledgement
- ❖ An emergency situation prevented us from obtaining acknowledgement
- ❖ Other (Please Specify)

