

DENTAL ASSOCIATES, P.C.
3700 WESTOWN PARKWAY
WEST DES MOINES, IA 50266

**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.

I have chosen not to sign this document.

Please Print Name

Signature (if applicable)

Date

For Office Use Only

We attempted to obtain written acknowledgment of our Notice of Privacy Practices, but acknowledgment 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) _____
