



Sherwood Old Town Dental
16043 SW Railroad St.
Sherwood, OR 97140

Acknowledgement of Receipt of Notice of Privacy Practices

“You May Refuse to Sign This Document”

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 our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
 - Communications barrier prohibited obtaining the acknowledgement
 - An emergency situation prevented us from obtaining acknowledgement
 - Other (Please Specify)
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