

Hickman Orthodontics
**ACKNOWLEDGEMENT OR 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

(Please Print)

(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)**

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