

River Falls Oral Surgery

**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

(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 barriers prohibited obtaining the acknowledgement**
 - An emergency situation prevented us from obtaining acknowledgement**
 - Other (Please Specify)**
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