

Bryan M. Dahler D.D.S., P.C.

**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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If a family representative signs this authorization on behalf of the individual family, complete the following:

Family Representative's Name: \_\_\_\_\_

For Family Members: \_\_\_\_\_

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)