Sara B. Cizek, DDS, Inc.

## Acknowledgement of Receipt of Notice of Privacy Practices

\* You May Refuse to Sign This Acknowledgment\*

I have received a copy of this office's Notice of Privacy Practices.

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)