

Acknowledgement of Receipt of Notice of Privacy Practices

George Winder D.D.S 1035 W. Bellwood Lane Ste. 100 Murray, Utah 84123

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

Signature of Patient

Guardian signature if patient is minor

Date

You may refuse to sign this acknowledgement.

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 prohibit obtaining acknowledgement
- An emergency prevented us from obtaining acknowledgement
- Other (please specify) _____

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