



The Montana Center For Laser Dentistry, PC

## ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

**\*You May Refuse to Sign This Acknowledgement\***

I \_\_\_\_\_ have been offered a copy of this office's Notice of Privacy Practices.

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Please Print Name

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Signature

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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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