

Orion Oaks Dental
400 W. Clarkston Rd., Lake Orion, MI 48362
(248) 693-4422

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 prevented us from obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)