

# Wyandotte Family Dental

2244 Ford Ave. Wyandotte, MI 48192

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRATICES

\*You may refuse to Sign this Acknowledgement\*

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

Please Print: \_\_\_\_\_

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

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

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### For Office Use Only

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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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