

## Acknowledgement of Receipt of Notice of Privacy Practices

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Jared M. Thompson DMD  
2031 Hawthorne Street Suite A  
Forest Grove, OR 97116

\*You may refuse to sign this acknowledgment\*

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

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
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 explain) \_\_\_\_\_