

MARK HANSEN D.M.D.

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICE**

You May Refuse to Sign This Acknowledgement

I, _____, have received a copy of
this Office's Notice of Privacy Practices.

Print Name: _____

Signature: _____

Date: _____

_____ **For Office Use Only** _____

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify):

MARK HANSEN D.M.D.

PATIENT ACKNOWLEDGEMENT OF RECEIPT OF DENTAL MATERIALS FACT SHEET

I, (print name) _____,
acknowledge I have received from Mark Hansen, D.M.D. a copy of the
Dental Materials Fact Sheet.

Signature _____

Date _____