

UNIVERSITY DENTAL

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**ACKNOWLEDGMENT OF RECEIPT OF NOTICE
OF PRIVACY PRACTICES**

(You May Refuse to Sign This acknowledgment)

I _____ have received a copy of University
Dental Notice of Privacy Practices.

Print Name

Date

Signature

*******FOR OFFICE USE ONLY*******

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

1. Individual refused to sign.
2. Communication barrier prohibited obtaining the acknowledgment.
3. Other (Please Specify)

