

Acknowledgement of Receipt of Notice of Privacy Practices & Patient Selection, Appointment and Financial Policy

I, _____, have received a copy of:
(Print Name)

- Oregon Tech Dental Hygiene Notice of Privacy Practices
- Patient Bill of Rights
- Patient Selection, Appointment and Financial Policy

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

