

Laguna Creek Orthodontics

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

****YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT****

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

(Please 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 prevent us from obtaining acknowledgement**
- **Other (Please Specify)**
