



Wyoming Springs  
ORTHODONTICS

.....  
**ACKNOWLEDGEMENT 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 our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- INDIVIDUAL REFUSED TO SIGN ACKNOWLEDGEMENT.
- COMMUNICATION BARRIERS PROHIBITED OBTAINING THE ACKNOWLEDGEMENT.
- AN EMERGENCY SITUATION PREVENTED US FROM OBTAINING ACKNOWLEDGEMENT.
- OTHER (PLEASE SPECIFY) .....

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