

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
DOUGLAS J. HINTERMAN, DDS**

****You may refuse to sign this acknowledgement****

I, _____, have been offered 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: (PLEASE CIRCLE)

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