

**Washington Family Dental PLLC**

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Washington, MI 48095  
586-752-4545

**Acknowledgment of Receipt of Notice of Privacy Practices**

**\*You May Refuse to Sign This Acknowledgment\***

I have been offered a copy of this office's Notice of Privacy Practices.

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Print Patient Name

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Signature

Date

**For Office Use Only**

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

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the acknowledgment
- ☐ An emergency situation prevented us from obtaining acknowledgment
- ☐ Other (Please specify)

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