



P I N N A C L E  
D E N T A L   A S S O C I A T E S

**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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I authorize Pinnacle Dental Associates to release and discuss any information with my spouse/  
partner/other \_\_\_\_\_

Yes  No    Name \_\_\_\_\_ Relationship \_\_\_\_\_

\*\*\*

**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
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining the acknowledgement
- Other (Please specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_