



**MICHAEL R. DOROCIAK, D.D.S.**

*Family & Cosmetic Dentistry*

**Acknowledgement of Receipt of Notice  
of Privacy Practices**

*You May Refuse To Sign This Acknowledgement*

*(Please Print Legibly)*

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**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 acknowledgement
- Other: *(Please Specify)* \_\_\_\_\_