

Summit View Periodontics
13533 North Huron Street, Suite 300
Westminster, CO 80234
Office: (303)450-3144 Fax: (303)920-1136

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES (NPP)**

YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT.

I, _____, have received a copy of Sedona Periodontics' Notice of Privacy Practices (NPP) either in paper form, laminated copy, downloaded and printed from another source, or viewed electronically on a personal computer, smart phone, etc.

Print Patient's Name

Signature of Patient or Parent/Guardian

Date

Name and Birthdate of individual we have permission to release information to:

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices (NPP), 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) _____