

**Jared L. Erickson, DMD, LLC**

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# ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

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

{Please Print Name}

{Signature}

{Date}

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**For Office Use Only**

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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)