

**NORTHWEST ORAL & FACIAL SURGERY  
DRS. CARNES, MONTGOMERY, COOK & HENRY**

**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.

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

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

Date: \_\_\_\_\_

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For Office Use Only

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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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)

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