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**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES
HIPAA**

You may refuse to sign this acknowledgement

I have received a copy of this Notice of Privacy Practices.

Please print name _____

Signature _____

Date _____

(For office use only)

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices but this could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining this acknowledgement
- An emergency prevented us from obtaining acknowledgement
- Other _____

