



1401 Gateway Boulevard, Ste. #3
Rock Springs, Wyoming 82901

Tel (307) 362-7671 - Fax (307) 362-3338
www.hunsakerdentistry.com

Acknowledgement of Receipt of Notice of Privacy Practices & HIPPA Form

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

Signature: _____ Date: _____

Please Print Name: _____

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) _____

