

# George S. Skoog D. D. S

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## Acknowledgement of Receipt of Notice of Privacy Practices

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

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* You may refuse to sign this acknowledgement \*

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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 maintained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify) \_\_\_\_\_