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## HIPAA

### Acknowledgement of Receipt of Notice of Privacy Practices

I, ( \_\_\_\_\_ ), have received a copy of this office's  
( *PRINT NAME* )  
Notice of Privacy Practices.

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### 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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