



OLATHE

FAMILY DENTISTS

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Acknowledgement of Receipt of Notice Of Privacy Practices

I have seen and/or received a copy of this office's Notice of Privacy Practices.

Please Sign Your Name

Date

You May Refuse to Sign This Acknowledgement

For Office Use Only

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

- Individual refused to sign.
- Communication barriers prohibited obtaining the acknowledgment.
- An emergency situation prevented us from obtaining acknowledgement.
- Other (Please Specify)_____