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Lake Oswego, Oregon 97035  
503-675-6776

## Acknowledgment of Receipt of Notice of Privacy Practices

Dr. Dan Thompson

**Purpose:** This form is used to obtain acknowledgment of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that Acknowledgement.

I have received a copy of this office's Notice of Privacy Practices:

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Signature

Date

▲ You May Refuse to Sign This Acknowledgement\*

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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