

Prosthetic Dental Associates of Madison
406 Science Drive, Suite 402
Madison, WI 53711
Phone: 608-231-2502

Acknowledgment of Receipt of Notice of Health Information Privacy Practices

*I hereby acknowledge the receipt of Prosthetic Dental Associates
of Madison's notice of health information privacy practices.*

Please print your name: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgment of receipt of our Notice of Health Information Privacy Practices, but acknowledgment could not be obtained because of the following reason(s):

- Individual refused to sign.
- Communications barriers prohibited obtaining the acknowledgment.
- An emergency situation prevented us from obtaining acknowledgment.
- Other (please specify):
