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## NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgement.

Please ask us for a copy of the Notice of Privacy Practices, to read the document in its entirety.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

For office use only:

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

\_\_\_ Individual refused to sign

\_\_\_ Communication barriers prohibited us from obtaining the acknowledgement

\_\_\_ An emergency situation prevented us from obtaining the acknowledgement

\_\_\_ Other (please specify):