

**NORTHEAST IOWA DENTAL, P.C.**  
(D.B.A. WAUKON DENTAL & FAMILY DENTISTRY ASSOCIATES OF MONONA)  
**DENTAL ASSOCIATES OF DECORAH, P.C.**  
**DENTAL ASSOCIATES OF PRAIRIE DU CHIEN, P.C.**

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# ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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\* You May Refuse to Sign This Acknowledgment \*

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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For Office Use Only

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

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

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