

Rodney K. Kihara, D.D.S.

1284 High Street
Auburn, Ca. 95603
530.888.1966

auburndentist@yahoo.com

Acknowledgement Of Receipt Of Notice Of Privacy Practices

*You may refuse to sign this acknowledgement

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

Print Name

Signature

Date

For Office Use Only

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)
