

**CASCADE DENTAL
ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

****You May Refuse to Sign This Acknowledgement**
I have received a copy of Cascade Dental's Notice of Privacy Practices.**

Please Print Name

Signature

Date

By checking this box I authorize release of my, or my child's, Protected Health Information to other family members and/or friends where it is appropriate.

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:
