Dr. Luis F. Velásquez, D.D.S.

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**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

YOU ARE ENTITLED TO A COPY OF THIS CONSENT AFTER YOU SIGN IT.

YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGMENT

I, _____ have read a full color copy of this office's Notice of Privacy Practices.

_____ Signature _____ date

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**FOR OFFICE USE ONLY**

We have attempted to obtain written acknowledgment of receipt of Notice of Privacy Practices. Acknowledgment was unable to be attained because:

_____ Individual refused to sign
_____ Communication barriers prohibited obtaining the acknowledgment
_____ An emergency situation prevented us from obtaining acknowledgment
_____ Patient was given a copy of Notice of Practices

_____
Signature of Staff Member

_____
Date