Dr. Will Ellingson , DMD
1030 E. 11400 S. Suite 2
Sandy, Utah 84094
801-255-2100

NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of **Granite View Dental.**

Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full. Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by contacting us (801-255-2100).

I acknowledge receipt of the notice of Privacy Practices of **Granite View Dental.**

Patient's Name: _____

Signature: _____ Date: _____
(Patient/parent/conservator/guardian)

Witness: _____ Date: _____

INABILITY TO OBTAIN ACKNOWLEDGEMENT

Complete only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained.

Patients Name: _____

Reasons why the acknowledgement was not obtained:

☐ Patient refused to sign this acknowledgement even though the patient was asked to do so and the patient was given the Notice of Privacy Practices.

☐ Other: _____