

# Yuki R. Dykes DDS

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**\*\*You may refuse to sign this acknowledgement\*\***

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

I give the office of Dr. Yuki Dykes D.D.S. permission to speak to,  
\_\_\_\_\_ (i.e. Spouse, Parents, Children), regarding my oral health.

\_\_\_\_\_  
(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 acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Other (Please specify)