

# Arizona Healthy Smiles

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## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I \_\_\_\_\_ have received a copy of this  
Office's Notice of Privacy Practices.

I authorize Arizona Healthy Smiles to disclose health information to the following:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### 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
  - Communication barriers prohibited obtaining the acknowledgement
  - An emergency situation prevented us from obtaining acknowledgement
  - Other (Please specify) \_\_\_\_\_
- \_\_\_\_\_