



# HILLCREST DENTAL CENTRE

Dr Timothy Rorman, DMD  
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## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

\*\*\*You May Refuse to Sign This Acknowledgement\*\*\*

I have received a copy of Hillcrest Dental Centre Notice of Privacy Practices.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

We attempted to obtain written Acknowledgement of Receipt of Notice of Privacy, but it could not be obtained due to:

- Individual Refused to Sign
- Communication Barriers
- An Emergency Situation
- Other: \_\_\_\_\_

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Hillcrest Dental Centre

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date