



10404 Beardslee Blvd. • Bothell, WA • 98011 • 425-485-9557

**ACKNOWLEDGEMENT OF PRIVATE PRACTICE**

I acknowledge the receipt of Privacy Practice Notice from the office of Sobczak Wencel Dentistry.

\_\_\_\_\_  
Patient Signature and/or Personal Representative      Date

\_\_\_\_\_  
Relationship to Patient      Date

I have in good faith attempted to obtain acknowledgement from the above patient in the following manner, however the patient would not sign this form: (State reason below and date)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I vow the above information to be true and correct.

\_\_\_\_\_  
Signature      Date

\_\_\_\_\_  
Printed Signature and Title