

David H. Okawachi, DDS, Inc.  
Dentistry for Infants, Children & Adolescents

**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

\*You may refuse to sign this acknowledgement\*

I, \_\_\_\_\_, have received a copy of this office's  
Please Print Name

Notice of Privacy Practices.

\_\_\_\_\_  
Please Print your Child's / Children's Name(s)

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