

SNORING & SLEEP APNEA CENTER

KATHARINE CHRISTIAN DMD
2101 4th Avenue Suite 2330
Seattle WA 98121
(206) 770-0260 phone (206) 770-0182 fax
www.sleep911.com

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT

I have received a copy of this office's Notice of Privacy Practices.

Print Name _____

Signature _____

Date _____

If you would like our practice to communicate with you **other** than at your primary phone number and/or address, please indicate that here: Alternate communication method or address: _____

Please be aware: There is some level of risk that third parties might be able to read unencrypted emails. Also, your request may affect our normal billing and payment procedure. Please specify any alternative method for handling payment.

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): _____