

# TIETAN DENTAL TEAM

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## PATIENT ACKNOWLEDGEMENT OF PRIVACY PRACTICES

You may refuse to sign this acknowledgement

I, the undersigned, have read and understand this office's Notice of Privacy Practices.

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Please Print Name

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Signature

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Date

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For office use only -- below

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 (See explanation below)

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