

**THOMAS E. WOLD, DMD**

**ACKNOWLEDGMENT 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.

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Or Signature of Legal Representative)

\_\_\_\_\_  
Date

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**For Office Use Only**

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**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)**
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