

**Dr. Nicholas S. Ising DMD, MS, PLLC**  
**Orthodontist**

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**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.  
(Patient or Responsible Party)

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

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

\_\_\_\_\_  
(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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