

# Woodstock Dentistry

Brian D. Sass, DMD PC

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## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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**\*You May Refuse to Sign This Acknowledgement\***

A copy of this office's Notice of Privacy Practices has been made available to me. I understand that if I wish to receive a copy of this office's Notice of Privacy Practices it will be given to me.

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

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

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

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### *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
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify) \_\_\_\_\_

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Office Manager: Deby Gillham

Phone: 503.774.4663

Fax: 503.774.4530

Email: [sassdentistry@gmail.com](mailto:sassdentistry@gmail.com)

4922 SE Woodstock Boulevard

Portland, OR 97206