



# Sandhills Periodontics

**PERIODONTICS, LASER, AND IMPLANT DENTISTRY**

**Sohee K. Park, DMD, MHS** | Diplomate of the American Board of Periodontology

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## Acknowledgement of Receipt of Notice of Privacy Practices

The Sandhills Periodontics Notice of Privacy Practices provides information about how we may use and disclose protected health information about you.

I acknowledge that I have read and received the Notice of Privacy Practices.

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Signature of Patient or Representative

Date

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Printed Name

Telephone Number

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Relationship to Patient (if other than Patient)

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Name of Interpreter (If Applicable)

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(For Staff Use Only)

WRITTEN ACKNOWLEDGMENT NOT OBTAINED

Please document your efforts to obtain acknowledgment and reason it was not obtained.

- An emergency existed and a signature was not possible at the time
  - The individual refused to sign
  - A copy was mailed with a request for a signature by return mail.
  - Unable to communicate with the patient for the following reason
  - Other \_\_\_\_\_
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