

**WILLIAM L. WALDEN, D.D.S., PC**  
**2925 E. Riggs Rd. Ste. 2**  
**Chandler, AZ 85249**

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**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF  
PRIVACY PRACTICES**

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

I, \_\_\_\_\_, have received a copy of this  
(Please print your name)  
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**

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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
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- Other (Please Specify)

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