



S A G E
D E N T A L

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(208) 233-6912

I, _____ have read a copy of this office's Notice of Privacy Practices.

Patient requested a copy of the Notice of Privacy Practices YES _____ NO _____

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) _____