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**Lakeland Creek Family Dental**

**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's Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of person(s)/or entities who are allowed to inquire about patient treatment

\_\_\_\_\_  
Date

**For Office Use Only**

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**We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:**

- Individual refused to sign**
- Communication barriers prohibited obtaining the acknowledgment**
- An emergency situation prevented us from obtaining acknowledgment**
- Other (Please Specify) \_\_\_\_\_**