

DeWitt Dentistry

Acknowledgment of Receipt of Privacy Practices Notice

Section A: The Patient.

Name: _____

Address: _____

Telephone: _____ E-Mail: _____

Social Security Number: _____

Section B: Acknowledgement of Receipt of Privacy Practices Notice.

I, _____, acknowledge that I have received a Notice of Privacy Practices from DeWitt Dentistry.

Signature _____ Date: _____

If a personal representative signs this authorization on behalf of the individual, complete the following:

Personal Representatives Name: _____

Relationship to individual: _____

FOR OFFICE PERSONNEL ONLY

Section C: Good Faith Effort to Obtain Acknowledgement of Receipt.

Describe your good faith effort to obtain the individual's signature on this form:

Describe the reason why the individual would not sign this form: _____

Signature.

I attest that the above information is correct.

Signature: _____ Date: _____

Print name: _____ Title: _____