DENTISTRY BY DESIGN
FAMILY AND AESTHETIC DENTISTRY

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ACKNOWLEDGEMENT OF RECIEPT OF PRIVACY PRACTICES NOTICE

Section A

Patient Name: _____Date of Birth:_____

Mailing Address:_____

SSN:_____ Telephone Number:_____

E-mail:_____

I_____, acknowledge that I have received a Notice of Privacy Practices from the above-named practice.

Patient Signature: _____ Date: _____

OR

Responsible Party Signature_____ Date: _____

Relationship to Patient: _____

(For office us only: If patient wishes to decline a signature for this form)

Section B

Describe you good faith effort to obtain the individual: _____

_____

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

_____

I, _____, attest that the above information is correct.

Signature: _____ Date: _____

Print name: _____