

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE

SECTION A: The Patient

Name: _____

Address: _____

Telephone: _____ Email: _____

Patient Number: _____ Social Security Number: _____

SECTION B: Acknowledgement of Receipt of Privacy Practice Notice

I, _____ (Print Name), acknowledge that I have received a Notice of Privacy Practices from Howard Silver, DDS.

(Signature)

(Date)

If you are personal representative who has signing authorization on behalf of the individual, please complete the following:

Personal Representative's Name: _____

Relationship to Individual: _____

SECTION B: 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 form: _____

SIGNATURE: I attest that the above information is correct.

(Signature)

(Date)

(Print Name)

(Title)