

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY PRACTICES NOTICES

Kenneth S. Cory, DMD

SECTION A: The patient

Name: _____

Address: _____

Home phone #: _____ Work/cell _____

SS#: _____ DOB: _____

SECTION B: Acknowledgment of Receipt of Privacy Practices Notice

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

Signature: _____ Date: _____

Personal Representative's Name: _____

Relationship to the Patient: _____

Office Use Only:

SECTION C: Good Faith Effort to Obtain Acknowledgment of Receipt

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

I attest that the above information is correct.

Signature: _____ Date: _____

Print Name: _____ *Title:* _____