

# 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: \_\_\_\_\_