

ELDEN STREET DENTAL CARE
Acknowledgement of Receipt of Privacy Practices Notice

Patient Name: _____

Address: _____

Telephone: _____ E-mail: _____

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

Signature: _____ Date: _____

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

Personal Representative's Name: _____

Relationship to Individual: _____

FOR OFFICE USE ONLY:

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: _____

I attest that the above information is correct.

Signature: _____

Date: _____

Print Name: _____

Title: _____