DeJesus Dental Group
COSMETIC, FAMILY & IMPLANT DENTISTRY

SECTION A: The Patient.

Name:_____
Address: _____
Telephone:_____ E-mail:_____
Patient Number:_____ Social Security Number:_____

SECTION B: Acknowledgement of Receipt of Privacy Practices Notice.

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

Signature:_____Date:_____
If a personal representative signs this authorization on behalf of the individual, complete the following:

Personal Representative's Name:_____
Relationship to Individual:_____

SECTION C: 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 this form:
_____
_____
_____

SIGNATURE
I attest that the above information is correct.

Print Name:_____ Date:_____

Signature:_____Title:_____
Include this acknowledgement of receipt in the individual's records.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE