



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I acknowledge that I have received a copy of this office's Notice of Privacy Practices.

Signature: _____ Date: _____

Print Name: _____

Please list any person you give us permission to discuss your dental treatment (other than yourself):

Name/Relation: _____ Phone number: _____

Name/Relation: _____ Phone number: _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify):

WEIERBACH & GENETTI
PROSTHODONTICS

Specialists in Cosmetic, Restorative & Implant Dentistry