

La Grange Dental Associates, P.C.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may refuse to Sign This Acknowledgement

I, _____ have received a copy of this office's

Notice of Privacy Practices. Sign: _____

Date: _____

Please Check One of the Following

- You may communicate with the following individuals relating to my medical or payment information.

- Please do not discuss my medical or payment with the following individuals. _____
- Please do not discuss my medical or payment information with anyone.

For Office Use Only

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

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