

BEAVERCREEK DENTAL

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICES**

****YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT****

I, the undersigned, have received a copy of this office's Notice of Privacy Practices

PLEASE PRINT NAME

DATE

SIGNATURE

IF you would like electronic confirmation, (Emails, Text Messages), please provide us with your email address and/or Cell Phone number.

EMAIL ADDRESS: _____

CELL PHONE NUMBER: _____

IF you would like us to talk to anyone other than you regarding your dental account, please list their name and relationship to you.

1. _____

2. _____

FOR OFFICE USE ONLY

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

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

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