

Alicia C. Abella-Torrente, D.D.S.

Section A: The Patient.

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Section B: Acknowledgement of Receipt of Privacy Practices Notice.

I, _____, Privacy, acknowledge that I have received a Notice of 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' signature on this form:

Signature

I attest that the above information is correct.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Include this acknowledgement of receipt in the individual's records.

ADKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE.