



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

*\*You may refuse to sign this acknowledgement\**

We keep a record of the health care services we provide you. You may ask to see a copy of that record. You may also ask to correct that record. We will not disclose your records to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your records or get more information about them by contacting the office manager at Jilek Family Dentistry.

I, \_\_\_\_\_ have received a copy of this office's Notice of Privacy Practices.

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Please print name

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Signature

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Date

**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)
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