

Loza Dental Great Falls

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.

Please Print Name

Signature

Date

For Office Use Only

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

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

2002 AMERICAN DENTAL ASSOCIATION, ALL RIGHTS RESERVED. Reproduction and use of this form by Dentists and their staff is permitted. Any other use, duplication or distribution of this form by any other party requires the prior written approval of the America Dental Association. This form is educational only, does not constitute legal advice, and covers only federal, not state, law (August 14, 2002).

Loza Dental Great Falls, 737 Walker Road, Suite 6, Great Falls Virginia 22066