GRAUER-KUCHTA DENTAL ASSOC., LTD.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act of 1996 requires that health care providers give patients a copy of the office Notice of Privacy Practices and make a good faith effort to obtain an acknowledgement of receipt of the same. You may refuse to sign this acknowledgement form.

By signing this form I confirm that I have received a copy of the office Notice of Privacy Practices.

Print Name: _____

Sign Name: _____

Date: _____

Written acknowledgement was not obtained

___ Patient refused to sign

___ Emergency situation

___ Unable to communicate with patient

___ Other _____