

Diane C. Sizgorich, D.D.S

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND DENTAL MATERIALS FACT SHEET

✎ You May Refuse to Sign This Acknowledgement ✎

I have received a copy of this office's Notice of Privacy Practices and Dental Materials Fact Sheet.

Patient Name: _____

Your Signature: _____

Relationship to Patient *(please check one)*

Self

Parent/Guardian

If you are not the patient, please print your name: _____

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
- Other (specify below)