

BELLEAIR ORAL SURGERY & IMPLANTS

Receipt of Privacy Practices - Acknowledgement

You May Refuse to Sign This Acknowledgement

By signing below, I am stating that I have read or received a copy of this office's Notice of Privacy Practices:

Please Print Name

Signature (patients that are 18 years and older must sign this form. The signature of a parent, guardian or spouse is not acceptable)

Date

FOR OFFICE USE ONLY

An attempt to obtain written acknowledgment of Receipt of our Notice of Privacy Practices was attempted, however acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgement
- Other: