

Larry H. Miller, D.D.S.
**ACKNOWLEDGEMENT OF RECEIPT OF
PRIVACY PRACTICES NOTICE**

SECTION A: The Patient

Name: _____

Address: _____

Telephone: _____ Email: _____

Social Security Number: _____ Patient Number: _____

SECTION B: Acknowledgment of Receipt of Privacy Practices Notice

I, _____, acknowledge that I have received a Notice of Privacy Practices from the above-named practice.

Signature: _____ Date: _____

If a personal representative signs this authorization on behalf of the individual, complete the following:

Personal Representative's Name: _____

Relationship to Individual: _____

- Office Use Only Below this Line -

SECTION C: Good Faith Effort to Obtain Acknowledgement of Receipt

Describe your good faith effort to obtain the individual's signature on this form: _____

Describe the reason why the individual would not sign this form: _____

SIGNATURE

I attest that the above information is correct.

Signature: _____ Date: _____

Printed Name: PATTI MILLER Title: BUSINESS MANAGER