

# Salnick Dental

## *Acknowledgement of receipt of privacy practices notice*

### The Patient

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Patient Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### Acknowledgement 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: \_\_\_\_\_