

Acknowledgement of Receipt of Notice of Privacy Practices

Albert Joaquin DDS
18203 Dixie Hwy
Homewood, IL 60430
(708) 798-8888

*** You May Refuse to Sign This Acknowledgment***

I have received or have been offered a copy of this office's Notice of Privacy Practices.

Print Name: _____

Signature: _____

Date: _____

Optional Section

I give this office permission to speak to the following individuals (such as a spouse, parent or child) about my health care:

Comments or Special Instructions:

Signature _____ Date _____

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*
- An emergency situation prevented us from obtaining acknowledgement*
- Other (Please Specify):* _____
