

ATLA DENTAL INC.

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SECTION A: The Patient.

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Patient Number: _____ Social Security Number: _____

SECTION B: Acknowledgement of Receipt of Privacy Practice Notice.

I, _____, acknowledge that I have received a notice of Privacy Practice from the above named practice.

Signature: _____ Date: _____

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

Relationship to Individual: _____

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: _____

Patient Name: _____ Title: _____

include the acknowledgement of receipt in the Individual's records.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE