

Dentistry at Millennium Park

Stephen J. Gordon, DDS

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
AND IMPORTANT INFORMATION**

(You may refuse to sign this Acknowledgement)

I, _____ have read and received a copy of this office's
Notice of Privacy Practices and Important Information.

Print Name: _____ Date: ____/____/____

Signature: _____

.....

For office use only: Although the patient received this 4 page document, we attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices and Important Information, but an acknowledgement signature could not be obtained because:

Individual refused to sign

Communications barriers prohibited obtaining the acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Other: _____