

RECEIPT OF NOTICE OF PRIVACY PRACTICES

WRITTEN ACKNOWLEDGEMENT FORM

I, _____, have received a copy of
Patient Name

Steven F. Spector, D.D.S.
43 East Montauk Highway
Lindenhurst, NY 11757

_____ 's Notice of Privacy Practices.

Signature of patient, patient's parent / guardian or
personal representative

Date

Basis for Representation (example: parent / guardian, caretaking relative, Power of attorney, etc.):

Refusal to Sign Acknowledgement:

Patient Name

The undersigned staff member of the practice named above hereby certifies that on the date below the patient named above was provided with a copy of our practice's Notice of Privacy Practices and refused to sign the acknowledgement statement set forth above.

Staff Member Signature

Date

Staff Member Name (printed)