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Dedicated to Pursuit of Orthodontic Excellence

ACKNOWLEDGEMENT OF RECEIPT
OF PRIVACY PRACTICES NOTICE

Section A: The Patient

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **E-mail:** _____

Section B: Acknowledgement of Receipt of Privacy Practices Notice

I acknowledge that I have received a Notice of Privacy Practices from the above-names practice.

Signature: _____ **Date:** _____

ONLY PERTAINS IF PATIENT IS ACCOMPANIED BY AN ADULT OTHER THAN PARENT OR LEGAL GUARDIAN

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

Personal Representative's Name: _____

Relationship to Individual: _____

FOR OFFICE USE ONLY

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: _____

Print name: _____ Date: _____

Include this acknowledgement of receipt in the individual's records