

Leedy Dental
2902 S. 27th Street
Abilene, TX 79605
(325) 692-1501

SECTION A: The Patient.

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Social Security Number: _____

SECTION B: Acknowledgement of Receipt of Privacy Practices Notice.

I, _____, acknowledge that I have received a Notice of Privacy Practices from Leedy Dental.

SIGNATURE: _____ **Date:** _____

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

Personal Representative's Name _____

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:** _____

Print Name: _____ **Title:** _____

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE
