

**Allen F. Avrutin, D.D.S., F.A.G.D.
Jerry L. Statman, D.M.D., F.A.G.D.**

THE PATIENT (please print)

Name: _____

Address: _____

Telephone: _____

I, acknowledge that I have received a Notice of Privacy from the above named practice.

Signature: _____ Date: _____
Patient, Parent or Guardian

Relationship to Patient: _____

Good Faith Effort to Obtain Acknowledgement

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: _____

Include this acknowledgement of receipt in the individual's records.

ACKNOWLEDGMENT OR RECEIPT OF PRIVACY PRACTICES NOTICE