JOSEPH C. STYGER, DDS, INC.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I,		, have received a copy of this office's
Notice of Privacy Practices.		
	(Please	Print Name)
	(Signatu	ire)
	(D - (-)	
	(Date)	
		For Office Use Only
1 of office osc only		
We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:		
		Individual refused to sign
		Communications barriers prohibited obtaining the acknowledgement
		An emergency situation prevented us from obtaining acknowledgement
		Other (Please Specify)

© 2002 American Dental Association All Rights Reserved

Reproduction and use of this form by dentist and their staff is permitted. Any other use, duplications or distribution of this form by any other party requires the prior written approval of the American Dental Association.