



HARVEY H. BRECKNER | D.M.D., M.S.
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SECTION A: The Patient

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Patient Number: _____ Social Security # _____

SECTION B: Acknowledgment of Receipt of Privacy Practices Notice.

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

Signature: _____ Date: _____

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

Personal Representatives 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 of 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: _____

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

**ACKNOWLEDGEMENT OF RECEIPT OF
PRIVACY PRACTICES NOTICE**