

ACKNOWLEDGEMENT FORM

EDWIN J. GARINO, D.D.S.

THIS FORM IS USED TO OBTAIN ACKNOWLEDGEMENT OF RECEIPT OF OUR NOTICE OF PRIVACY PRACTICES OR TO DOCUMENT OUR GOOD FAITH EFFORT TO OBTAIN THAT ACKNOWLEDGEMENT.

SIGNATURE OF PATIENT

DATE

YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT

BELOW THIS LINE FOR OFFICE USE ONLY

PLEASE SPECIFY THE EXACT REASON WHY PATIENT CHOSE NOT TO SIGN THE ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY

SIGNATURE

Title

Date

ALL FORMS ARE FOR EDUCATIONS USE ONLY AND DO NOT CONSTITUTE LEGAL ADVICE. ALL FORMS ARE SUBJECT TO CHANGES IN THE FEDERAL LAW AND APPLICABLE STATE LAWS. SEEK LEGAL ADVICE BEFORE USE.