

John P Krueger, DDS, PA

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

“You May Refuse to Sign This Acknowledgement”

I, _____ am aware of the Notice of Privacy Practices,
which states how we use and/or disclose your health information, on this _____
day of _____, 20 ____.

We are happy to provide you with a paper copy upon your request.

(Please Print Name)

(Signature)

If you are the legal representative of the patient, please print the patient(s) name and describe
your authority _____

Thank you and if you have any questions about this form or the Notice, please contact our
privacy officer.

For Office Use 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
- Communication barriers prohibited obtaining the acknowledgement
- An emergency prevented us from obtaining acknowledgement
- Other (Please specify)

Signature of privacy officer _____