



WEISHAARWEBER

SUE WEISHAAR.DDS ANTHONY WEBER.DDS

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

2-29-16

You may refuse to sign this acknowledgement

I, _____, have received a copy of this office's Notice of Privacy Practices.
Please Print Name

Signed: _____ Date _____

Please share my information with:

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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify)
