

PRIVACY POLICY

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ACKNOWLEDGEMENT OF RECEIPT OF THIS PRACTICE'S PRIVACY NOTICE

I acknowledge that I have received, and/or reviewed the notice of the Privacy Practices of Pradko, Gallagher & Slanec, P.L.L.C. I am aware that I may receive a paper copy of this notice if I request it. In addition, I acknowledge that this notice of this office's Privacy Practices is posted in the office where I can review it if desired.

Patient or Patient Representative or Parent of Patient under age 18

Date

If patient representative signs above please describe the relationship to the patient:

DOCUMENTATION OF "GOOD FAITH EFFORT"

Patient Name:

Date:

The patient presented for treatment on this date and was provided this practice's Privacy Notice. A good faith effort was made to obtain written acknowledgement of receipt. A written acknowledgement was not obtained because:

___ Patient refused to sign, with the reason _____

___ Patient is unable to sign due to: _____

___ There was a medical emergency preventing timely signature and an attempt will be made to obtain acknowledgement later.

___ Other: _____

Signature of employee completing this form

Date