

PRIVACY POLICY

- 36600 Heritage Drive · Richmond, MI 48062 586-727-3815 · www.pgsdentistry.com
- 1616 Gratiot Blvd. · Marysville, MI 48040 810-364-7601 · www.pgsdentistry.com
- 251 S. Main Street · Romeo, MI 48065 586-752-9781 · www.pgsdentistry.com

Date

• 51813 Gratiot Ave. · Chesterfield, MI 48051 586-846-4145 · www.pgsdentistry.com

ACKNOWLEDGEMENT OF RECEIPT OF THIS PRACTICE'S PRIVACY NOTICE

I acknowledge that I have received, and/or reviewed the notice of the F Dentistry. I am aware that I may receive a paper copy of this notice if I is I acknowledge that this notice of this office's Privacy Practices is posted it if desired.	request it. In addition,
Patient or Patient Representative or Parent of Patient under age 18	 Date
If patient representative signs above please describe the relationship to	the patient:
Person beside yourself that can access account information:	
Name	Date
Name DOCUMENTATION OF "GOOD FAITH EFFORT"	Date
	Date
DOCUMENTATION OF "GOOD FAITH EFFORT"	Date vacy Notice. A good faith effort was
DOCUMENTATION OF "GOOD FAITH EFFORT" Patient Name: The patient presented for treatment on this date and was provided this practice's Priv	Date Pacy Notice. A good faith effort was so not obtained because:
DOCUMENTATION OF "GOOD FAITH EFFORT" Patient Name: The patient presented for treatment on this date and was provided this practice's Priving to obtain written acknowledgement of receipt. A written acknowledgement was	Date racy Notice. A good faith effort was so not obtained because:
DOCUMENTATION OF "GOOD FAITH EFFORT" Patient Name: The patient presented for treatment on this date and was provided this practice's Priv made to obtain written acknowledgement of receipt. A written acknowledgement was Patient refused to sign, with the reason	Date racy Notice. A good faith effort was so not obtained because:

Signature of employee completing this form