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RESTORATIVE, COSMETIC & IMPLANT DENTISTRY

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**** You May Refuse to Sign This Acknowledgement****

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

[Signature]

[Date]

Please list any other person(s) that we may speak to regarding your dental health.

Please also indicate their relationship to you.

Name

Relationship

Name	Relationship

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 situation prevented us from obtaining acknowledgement
- Other (please Specify)

Where the patient is our primary concern.