

# NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I \_\_\_\_\_, acknowledge that I have received a copy of the Notice of Privacy Practices from the office of Richard L. Beckermeyer, DDS, PC.

Below is listed the persons I want to share my protected dental health care information with:

\_\_\_\_\_  
**Print Name**

I refuse to sign this acknowledgement form.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Printed Name of Patient (or Minor)**

\_\_\_\_\_  
**Date**

**OFFICE USE:**

Patient didn't sign acknowledgement form for following reasons:

\_\_\_\_\_  
**Signature of Patient (or Legal Guardian)**