

NOTICE OF PRIVACY PRACTICES Dr. Richard L. Beckermeyer ACKNOWLEDGEMENT D.D.S., PC

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)