

# Baker Dental, PC

## SECTION A: The Patient.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

## SECTION B: Acknowledgement of receipt of Practices Notice.

I, \_\_\_\_\_, acknowledge that I have received a Notice Of Privacy Practices from Baker Dental, PC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If a personal representative signs this authorization on behalf of the individual, complete the following.

Personal Representative's Name: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

## SECTION C: Good Faith Effort to Obtain Acknowledgement of Receipt.

Describe your good faith effort to obtain the individual's signature on this form: \_\_\_\_\_

\_\_\_\_\_

Describe the reason why the individual would not sign this form: \_\_\_\_\_

\_\_\_\_\_

## SIGNATURE:

I attest that the above information is correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT OF  
PRIVACY PRACTICES NOTICE**