

PLEASE COMPLETE THIS SECTION IN FULL

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have been informed of this office's Notice of Privacy Practices. I was also informed that the full HIPAA document is on file and available at my request.

(Print patient's name if a minor)

Signature

Today's date

May we leave detailed messages regarding account, appointment, or treatment information on your home and/or cell phone voicemail?

Yes No

May we leave detailed messages with a family member?

Yes No If "yes", please name family member(s):

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 us from obtaining acknowledgement
- An emergency situation prohibited us from obtaining acknowledgement