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Natasa Radosavljevic, D.D.S.

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

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

I hereby acknowledge that I have been provided with a copy of this office's Notice of Privacy Practices. I have been provided the opportunity to ask questions about the notice, and my questions have been answered to my satisfaction.

(Please Print Name)

(Signature)

(Date)

If this Acknowledgement is signed by a personal representative on behalf of the patient, complete the following:

Personal Representative's Name: _____

Relationship to Patient: _____

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) _____

Notice Effective Date: April 2010