

Jonathan J. Gerik, D.D.S.

Acknowledgement of Copy of the Notice of Privacy Practices

You may refuse to sign this acknowledgement

I, _____ was offered the opportunity to read the Notice of Privacy Practices in the office and/or a copy to take with me.

Patient's name - please print

Signature of Patient, Parent or Guardian

Date

We do send Insurance Claims by mail or electronically but all information is protected to the best of our ability. We do not sell any of you personal information and we do use the information for treatment, insurance filing and/or collections.

Office Use Only

- Individual refused to sign
- Communication barriers prohibited obtaining this acknowledgment
- An emergency situation prevented us from obtaining acknowledgement