

PAUL F. POPELKA, D.D.S.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, \_\_\_\_\_, HAVE RECEIVED A COPY OF THIS  
(PLEASE PRINT NAME)

OFFICE'S NOTICE OF PRIVACY PRACTICES.

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SIGNATURE

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DATE

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FOR OFFICE USE ONLY

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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 )

IT IS OK TO RELEASE ANY INFORMATION ABOUT MY TREATMENT TO MY PARENTS  
SIGNED AND DATED \_\_\_\_\_