



Acknowledgement of Receipt of
NOTICE OF PRIVACY PRACTICES

300 Third Avenue
Mason, OH 45040
(513) 398-7051
www.erbeckdental.com

Patient Name & Address: _____

I have received a copy of the Notice of Privacy Practices for Erbeck Family Dentistry

Signature Date

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)

