Sean P. Avera D.D.S, M.S., Inc.
Diplomate, American Board of Periodontology
Periodontics and Dental Implant

PATIENT ACKNOWLEDGEMENT OF RECEIPT
NOTICE OF PRIVACY PRACTICES

I have received (or have been offered) a copy of this office's Notice of Privacy Practices. By signing this form, you are giving this office your consent to use and disclose health information about you for treatment, payment, and health care operation purposes.

Signature:_____

Patient Name:_____

Patient Representative (if minor):_____

Date:_____

Witness:_____

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
- ❑ Communications barriers prohibited obtaining the acknowledgements
- ❑ An emergency situation prevented us from obtaining acknowledgements
- ❑ Other {Please Specify):_____