RENÉE L WEICHEL DMD PC

Acknowledgement of Receipt of Notice of Privacy Practices

◆You May Refuse to Sign this Acknowledgement ◆ I have received a copy of this office's Notice of Privacy Practices. Print Name Signature Date For Office Use Only We have 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 acknowledgement ☐ An emergency situation prevented us from obtaining acknowledgement ☐ Other (please specify):