

Acknowledgment: Receipt of Notice of Privacy Practices

I have received a copy of the Notice of Privacy Practices from Greater St. Louis Periodontics.

Patient Acknowledgment

Patient Name (Please Print)

Patient Signature

Date

Personal Representative Acknowledgment

I am the representative of _____
Patient Name (Please Print)

I have received a copy of the Notice of Privacy Practices from Greater St. Louis Periodontics.

Personal Representative Signature

Date

Personal Representative Name (Please Print)

Relationship to Patient