



Steven A. Milman, D.D.S.

*Specializing in Periodontics
and Dental Implants*

Acknowledgement Of Receipt of Notice of Privacy Practices

I, _____ have reviewed a copy of
(Name of Patient)
Dr. Steven Milman's Notice of Privacy Practices.

(Signature of Patient)

Staff Will Fill Out This Section If Patient's Signature Not Obtained

Our office made a good faith effort to obtain **Acknowledgement of Receipt** of our Notice of Privacy Practices, but it was not obtained for the following reason:

- _____ Patient refused to sign.
- _____ Emergency situation kept us from obtaining the patient's signature.
- _____ Language situation kept us from obtaining the patient's signature.
- _____ Other situation. _____