



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 Dr. Steven Milman's
(Name of Patient)
Notice of Privacy Practices.

(Signature of Patient)

STAFF USE ONLY

Staff will fill out this section if patient's signature was 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: _____