

BERKS ORAL SURGERY, LTD.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

* You May Refuse to Sign This Acknowledgement *

I, _____ have been offered/or received a copy of this
office's Notice of Privacy Practices.

Please Print Name

Signature

Date

Please list names of people with whom we may speak to regarding your
visits and treatment.

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
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

