

Benjamin D. Oppenheimer, D.D.S.

ACKNOWLEDGEMENT OF PRIVACY PRACTICES

You may refuse to sign this agreement

Due to HIPPA regulations regarding the Privacy Act, our office will not release or discuss any personal information without your written consent.

I, _____, have read the above and understand this office's Notice of Privacy Practices.

Name (Print) _____

Signature _____

Date _____

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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement