

MAGGIE A KLEEM D.D.S.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY
PRACTICES

****You May refuse to sign This Acknowledgement****

I _____ have received a copy of this office's Notice of
Privacy Practices.

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.

Other (Please Specify)

**HAVE READ AND UNDERSTAND THE FINANCIAL POLICY OF MAGGIE A.
KLEEM, D.D.S. AND RECEIVED AN INSURANCE LETTER.**

SIGNATURE OF PATIENT OR RESPONSIBLE PARTY

DATE