

Receipt of Notice of Privacy Practices



STEVEN R. KOUTNIK DDS, MS, S.C.
IMPLANT, ESTHETIC, & RECONSTRUCTIVE DENTISTRY

I HAVE RECEIVED A COPY OF [PRACTICE'S] NOTICE OF PRIVACY PRACTICES EFFECTIVE [DATE]

PATIENT NAME: _____

PATIENT SIGNATURE: _____ DATE: ____ / ____ / ____

I AM A PARENT OR LEGAL GUARDIAN OF: _____ (PATIENT NAME)

I HAVE RECEIVED A COPY OF [PRACTICE'S] NOTICE OF PRIVACY PRACTICES EFFECTIVE [DATE]

PARENT/LG NAME: _____

RELATIONSHIP TO PATIENT: PARENT LEGAL GUARDIAN

PARENT/LG SIGNATURE: _____ DATE: ____ / ____ / ____

OFFICE USE ONLY

If the individual or parent/legal guardian did not sign above, staff must document when and how the Notice was given to the individual, why the acknowledgment could not be obtained, and the efforts that were made to obtain it.

NOTICE OF PRIVACY PRACTICES EFFECT [DATE] GIVEN TO INDIVIDUAL ON DATE: ____ / ____ / ____

IN PERSON MAILING EMAIL WEBSITE OTHER

Reason individual or parent/legal guardian did not sign this form:

DID NOT WANT TO DID NOT RESPOND AFTER MORE THAN ONE ATTEMPT

OTHER _____

The following good faith efforts were made to obtain the individual or parent/legal guardian's signature. Please document with dates, times, individuals spoken to, and outcome, as applicable, the efforts that were made to obtain the signature. More than one attempt must be made.

IN PERSON CONVERSATION _____

TELEPHONE CONTACT _____

MAILING _____

EMAIL _____

OTHER _____

SRK STAFF NAME: _____ TITLE: _____

SRK STAFF SIGNATURE: _____ DATE: ____ / ____ / ____