RENÉE L. WEICHEL D.M.D. P.C.

18761 SW Martinazzi Ave. Tualatin, OR 97062 **Phone** 503.691.8900 **Fax** 503.691.8992 **weicheldental.com**

Acknowledgement of Receipt of Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 requires that health care providers give patients a copy of the office Notice of Privacy Practices and make a good faith effort obtain an acknowledgement of receipt of same.

You may refuse to sign this acknowledgement form.

By signing this form, I confirm that I have received a copy of the office Notice of Privacy Practices from Renée L. Weichel, DMD, PC and/or Erwin Weichel , DMD, MS, PC.

Print Name____

Sign Name____

Date Signed____

For Office Use Only

We have 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):________________________________