

Joseph V. Baldassano, D.D.S., M.S.D., L.L.C.
1616 Colonial Parkway
Inverness, IL 60067

PATIENT'S ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY RIGHTS AND PRACTICES

I, _____, have received a copy of the Notice of the Privacy rights and Practices of the office of Joseph V. Baldassano D.D.S., M.S.D., L.L.C., 1616 Colonial Parkway, Inverness, Illinois 60067.

OPTING OUT

- I do not want appointment reminder messages left on my home answering system or cell phone. I understand that the office may charge me should I fail to keep my appointment.
- I do not wish my protected health care information to be released to the following persons _____.

* Please print your name: _____

* Please sign and date: _____ Date _____

OFFICE USE:

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)
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