

MARK BALENSEIFEN DDS -PROSTHODONTIST
**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
AND COMMUNICATION PREFERENCES**

You May Refuse to Sign This Acknowledgement

I AM THE PATIENT

I AM THE PATIENT'S LEGAL GUARDIAN

I want to go "GREEN" and save paper.

I have read the Notice of Privacy Practices online at <https://markbalenseifendds.com/>

Hard copies of the Privacy Practices are also available at front desk.

I have received a copy, or will use digital access, of this office's Notice of Privacy Practices.

Print Patient or Legal Guardian's Name _____

Signature Patient or Legal Guardian Sign Here

Date

For Office Use Only:

___ Individual refused to sign

___ Communications barriers prohibited obtaining the acknowledgement

___ An emergency situation prevented us from obtaining acknowledgement

___ Other (Please Specify)

For Phone Communications:

An up to date phone number allows us to provide the best level of treatment for you.

PRIMARY CONTACT PHONE NUMBER: _____

SECONDARY CONTACT PHONE NUMBER: _____

***PLEASE CALL THE DENTAL OFFICE RIGHT AWAY
IF YOU GET A NEW TELEPHONE NUMBER! Thank you!***