

Los Osos Valley Dentistry

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Acknowledgement of Receipt of Notice of Privacy Practices

I, _____,
(Please print name)

have received a copy of the Los Osos Valley Dentistry Notice of Privacy Practices.

Signature

Date

If this acknowledgment is signed by a personal representative on behalf of the patient, please complete the following:

Please print name

Relationship to patient

Signature

Date

You may decline to sign this form by checking the box below.

I Decline to sign this form

Please print name

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual declined to sign
- Communication barriers prohibited obtaining the acknowledgement.
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)
