

**Jayma S. Claus, D.D.S.**

**Section A: The Patient**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Social Security: \_\_\_\_\_

**Section B: Acknowledge of Receipt of Privacy Practices Notice**

I, \_\_\_\_\_, acknowledge that I have received a Notice of Privacy Practices from the above-named practice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If a personal representative signs this authorization on behalf of the individual, complete the following:

Personal Representative's Name: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

**Section C: Good Faith Effort to Obtain Acknowledgement of Receipt**

Describe your good faith effort to obtain the individual's signature on this form:

\_\_\_\_\_  
\_\_\_\_\_

Describe the reason why the individual would not sign this form:

\_\_\_\_\_  
\_\_\_\_\_

**Signature: Office Use Only:**

I attest that the above information is correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT OF  
PRIVACY PRACTICES NOTICE**