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ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

The following persons may be informed of any of my or my child's relevant health information:

Thank you for taking the time to review how we care for your medical information. If you wish to receive confidential health information via e-mail, be aware that we do not encrypt our e-mail and that messages may not be secure. If you have any questions, please let us know. If not, we would appreciate your acknowledging your receipt of our policy by signing and returning this form.

Patient Name

Date

Parent or Guardian Signature

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

_____ Parent or Guardian or Patient refused to sign.

_____ Emergency situation kept us from obtaining the signature

_____ Language barriers kept us from obtaining the signature

_____ Other _____