

PEDIATRIC DENTISTRY
JEFFREY P. HEILIG, D.M.D., P.A.

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ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgment

I have received a copy of this office's currently effective Notice of Privacy Practices.

A copy of this signed, dated Acknowledgement shall be as effective as the original.

Patient's Name _____
Print First and Last Name of **Patient**

If you are the legal representative of the Patient: please circle: Parent Legal guardian

Name _____
Print your First and Last Name

Signature

Date _____

Thank you and if you have any questions about this form or the Notice,
please contact our privacy officer, **Jeffrey P. Heilig, D.M.D.**

Office Use Only

As privacy officer, I attempted to obtain the patient's (or representative's) signature on this Acknowledgment but did not because:

- It was emergency treatment _____
- I could not communicate with the patient _____
- The patient refused to sign _____
- The patient was unable to sign because _____
- Other (please describe) _____

Signature of privacy officer