Bruce C. Wintersteen, DDS (217) 762-4366

112 E. Washington St. Monticello, IL 61856

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

“You May Refuse to Sign this Acknowledgement”

**I,** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have been informed of this office’s Notice

**(Please Print)** of Privacy Practices

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Please list anyone under the age of 18 living in your household that is a patient

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**Signature Date**

**FOR OFFICE USE ONLY**

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

□ Individual refused to sign

□ Communications barrier prohibited obtaining the acknowledgment

□ An emergency situation prevented us from obtaining acknowledgement

□ Other Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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