

PATIENT'S ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY RULES

I, _____, have received a copy of the Notice of Privacy Practices of the office of Dr. Iva Arnaudova- VIG Dental.

Please print your name: _____

Please sign and date: _____

_____ I decline to sign the Acknowledgement

Office Use:

The office was unable to obtain a signed Acknowledgement form from the above patient for the following reasons:

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