

Lifetime Dental Care
Michael Breier, D.M.D., P.C.
THIS FORM WILL ACKNOWLEDGE RECEIPT OF NOTICE OF PRIVACY
PRACTICES

(You may refuse to sign this form)

I, _____, have received/read a copy of this
_____ (sign)
office's privacy policy.

Please print name

Date

Please list the names of all minors covered by this signature

Please list the names of any individuals authorized to receive information or messages on your behalf
For office use only

We attempted to obtain written acknowledgement of receipt of our policy; however,
acknowledgement could not be obtained due to:

- Individual refused to sign
- Communication barriers prohibited it
- An emergency situation prevented it
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