

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT

I acknowledge by my signature below that I have read and understand the *Notice of Privacy Practices* for Tad Lovan, D.D.S.

Print Name

Signature

Date

If you are the legal representative of the patient, please print the patient(s) name(s) and describe your authority.

If you have any questions about this form or the attached Notice, please contact the privacy officer of this office.

Privacy Officer: Marla/Office Manager

Telephone: 574-234-4335

Fax: 574-232-7675

Address: 221 S. Eddy Street

South Bend, IN 46617

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
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify)