

IMPLANT CENTER OF THE PALM BEACHES

JACK T. KRAUSER, D.M.D.

Receipt of Notice of Privacy Practices Written Acknowledgment Form

I, _____, have received/reviewed a copy of our
Patient Name Notice of Privacy Practices.

Signature of Patient/Guardian

Date

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgment on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Initials

Date

Reason