

Absolute Dental
18014 Wolf Rd.
Orland Park, IL 60467

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY
PRACTICE**

I, -----, have received a copy of this office's Notice of
Privacy Practices.

Please Print

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

(This form is educational only, does not constitute legal advice, and covers only federal not state, law in effect of
proposed as of March 27, 2002. Subsequent law changes may require form revision.)