

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.

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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.)