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SECTION A: The Patient

Name : _____

Address : _____

Telephone : _____ Email : _____

Patient Social Security# : _____

SECTION B: Acknowledgement of Receipt of Privacy Practices Notice.

I, _____, acknowledge that I have received a Notice of Privacy Practices from the above- named practice.

Signature: _____ Date: _____

If a personal representative signs this authorization on behalf of the individual, complete the following:

Personal Representative's Name: _____

Relationship to Individual: _____

SECTION C: Good Faith Effort to Obtain Acknowledgement of Receipt

Describe your good faith effort to obtain the individual's signature: _____

Describe the reason why the individual would not sign this form: _____

Signature:

I attest that the above information is correct.

Signature: _____ Date: _____

Print name: _____ Title: _____

**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY
PRACTICE NOTICE**

