

Deedra Truschinger D.D.S.
930 Washington
Auburn, Kansas 66402
785-256-2489
Email: auburdentalclinicpa@gmail.com

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of this Notice of Private Practices.

Please Print Name: _____

Signature: _____

Date: _____

If you give consent for anyone to have your dental information, please list below:

_____ Relationship _____

_____ Relationship _____

Emergency contact person: _____

Phone # _____

We attempted to obtain written acknowledgment 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 acknowledgment

Other (please specify) _____