

DR. MATTHEW S. CHANEY, D.D.S., LLC

PF-2000 Acknowledgement of Receipt of Notice of Privacy Practices

Dr. Matthew S. Chaney, D.D. S., LLC reserves the right to modify the privacy practices outlined in the notice.

I have read a copy of the Notice of Privacy Practices for Dr. Matthew S. Chaney, D.D.S., LLC.

Name of Patient (Print or Type)

Signature of Patient

Date

Signature of Patient Representative

(Required if the patient is a minor or an adult who is unable to sign this form)

Relationship of Patient Representative to Patient

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

PF-2100 Documentation of Attempt to Obtain Acknowledgement of Receipt of Notice of Privacy Practices

An attempt was made to obtain an acknowledgement of receipt of the Notice of Privacy Practices on \_\_\_\_\_. The acknowledgement was not obtained because:

- The patient was undergoing emergency treatment
- The patient declined to sign the acknowledgement
- Other \_\_\_\_\_

Name of Patient (Print or Type)

Name of Staff Member

Date