ACKNOWLEDGEMENT OF RECEIPT OR REVIEW OF NOTICE OF PRIVACY PRACTICES

Jill Kollar DMD Professional LLC | d/b/a Precision Dental of Windsor

Precision Dental of Windsor | 1580 Main Street, Suite B, Windsor, CO 80550 | 970-237-4313

Patient Name: _____

Address: _____

Facility Name: Precision Dental of Windsor

I have been given or have read a copy of Precision Dental of Windsor's Notice of Privacy Practices ("Notice"), which describes how my health information is used and shared. I understand that Precision Dental of Windsor has the right to change this Notice at any time. I may obtain a current copy by contacting or visiting Precision Dental of Windsor.

My signature below acknowledges that I have read or been provided with a copy of the Notice of Privacy Practices:

_____

Signature of Patient or Personal Representative Date

_____

Print Name

_____

Personal Representative's Title (e.g., Guardian, Executor of Estate, Health Care Power of Attorney)

For facility use only

Complete this section if you are unable to obtain a signature.

1. If the patient or personal representative is unable or unwilling to sign this Acknowledgement, or the Acknowledgement is not signed for any other reason, state the reason:

_____

_____

2. Describe the steps taken to obtain the patient's (or personal representative's) signature on the Acknowledgement:

_____

_____

Completed by:

Signature of Facility Representative Date

_____

Print Name

File original in patient’s Business Office Records