

THE FACIAL SURGERY CENTER

ORAL-FACIAL & DENTAL IMPLANT SURGERY

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ACKNOWLEDGEMENT OF THE RECEIPT OF THE NOTICE OF PRIVACY PRACTICES

****You May Refuse to Sign This Acknowledgment****

I _____, have received a copy of this office's Notice of Privacy Practices.

(Please Print Name)

(Patient/Parent/ or Legal Guardian Signature)

(Date)

For Office Use Only:

We attempted to obtain written acknowledgment of the receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Barriers in communication prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining the acknowledgement
- Other (Please Specify): _____