



21765 W. Yuma Rd Ste. 101
Buckeye, AZ 85326
623-691-6300

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

The undersigned acknowledges receipt of a copy of the currently effective Notice of Privacy Practices for Matthew Garrett, DDS. A copy of this signed, dated Acknowledgement shall be as effective as the original.

Patient Name

Please sign your name

Date

If you are the legal representative of the patient, please print the patients' name(s) and describe your authority

_____.

Thank you and if you have any questions about this form or the attached Notice, please contact our privacy officer, at:
623-691-6300

Office Use Only

As privacy officer, I attempted to obtain the patient's (or representative's) signature on this Acknowledgment but did not because:

It was emergency treatment ____
I could not communicate with the patient ____
The patient refused to sign ____
The patient was unable to sign because ____
Other (please describe) ____

Signature of privacy officer
Privacy Officer for Matthew Garrett, DDS