

# Rosalyn L. Burke, DDS, PC

**FAMILY, COSMETIC, AND IMPLANT DENTISTRY**

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## Acknowledgement of Receipt of Notice of Privacy Practices

The privacy of your protected health information is important to us. We have provided you with a copy of our Notice of Privacy Practices. It describes how your health information will be handled in various situations. We ask that you sign this form to acknowledge you received a copy of our Notice of Privacy Practices. This includes the situation where your first date of service occurred electronically.

If your first date of service with us was due to an emergency, we will try to give you this notice and get your signature acknowledging receipt of this notice as soon as we can after the emergency.

I have received the Privacy Notice.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***For Office Use Only:***

Patient Name: \_\_\_\_\_

We attempted to obtain written acknowledgement of receipt of our office Notice of Privacy Practices, however, acknowledgement could not be obtained due to:

- Patient refused to sign
- Patient communication barrier
- Emergency Situation

Completed by:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date