

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I have received a copy of Dr. Christopher Keys' Notice of Privacy Practices.

Please Print Name

Signature

Date

If this Acknowledgement is signed by a personal representative on behalf of the patient, complete the following:

Print Personal Representative's Name

Relationship to Patient

I _____, (patient
initials) acknowledge that I have
received a copy of the Dental
Material Fact sheet from
Dr. Christopher Keys' office.