

Calen Leider, D.D.S.

**Acknowledgement of Receipt of
Privacy Practices Notice.**

I, _____, acknowledge that I have received
(Please Print Name)
a Notice of Privacy Practices from the above-named practice.

Signature: _____ Date: _____

If a legal representative signs this authorization on behalf of an individual, or minor, please complete the following:

Names of Individual or Minors: _____

Relationship to individual or Minors: _____

For Office Use Only

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

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- Other (Please Specify)

Signature

Date