Meadowbrook Smiles Rebecca Van Miller D.D.S. 2550 Glendale Ave Green Bay, WI 54313 (920)434-3900

Acknowledgement of receipt of Notice of Privacy Practices

We are required by applicable federal and state law to maintain the privacy of your health information. We adhere to strict privacy practices concerning your health information as this is our legal duty. We will only disclose your health information to a physician or other healthcare provider providing treatment to you or if additional information was requested by your insurance carrier to clarify services to obtain payment for services rendered.

We can provide you with a complete copy of the Notice of Privacy Practices if you so desire.

Please complete and sign the section below:

_____ I approve of Meadowbrook Smiles contacting me through voicemail or post Card

_____ I DO NOT approve of Meadowbrook smiles contacting me through Voicemail or postcard

I, ______(print name) have reviewed the offices Notice of Privacy Practices.

	_
Sign:	Date:
	Dutc.

Thank you for your cooperation in this manner.

For office use only below this line

We attempted to obtain written acknowledgement of receipt of Notice of Privacy Practices but acknowledgment could not be obtained due to:

- __ Individual refused to sign
- ___ Emergency situation prevented obtaining acknowledgement
- Communication barrier
- ___ Other (please explain)_____