

Dental Associates of Lake Mills
Dr. Jaclyn Benish / Dr Matthew Senn
311 E. Tyrana Park Rd.
Lake Mills, WI 53551-9681
Phone (920) 648-2331

Acknowledgement of Receipt of Notice of Privacy Practices

I have received a copy of this office's Notice of Privacy Practices.

Print Patient Name: _____ Date: _____

If patient is a minor (under 18 years of age)

Print Parent / Guardian Name: _____

Signature: _____

(Patient, Parent or legal guardian if patient is a minor (under 18 years of age))

Please list any person(s) you would like us to share your dental needs with:

*** You May Refuse to Sign This Acknowledgment***

If you refuse to sign this form we will not be able to discuss your treatment with any other specialty dental office, labs or medical offices.

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
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify) _____

Updated 12/22/14