

Mark E. Jensen, DMD, LLC
General Dentistry

Notice of Privacy Practices Acknowledgement

I, _____, have been shown and have reviewed this office's Notice of Privacy Practices.

Patient's Name (printed)

Patient's Signature

Date

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of patient's knowledge of our Notice of Privacy Practices, but we were unable to do so due to the below reason:

_____ Patient refused to sign

_____ Other as described below

Date

Initials

Reason