



Bruce A. Spigner, D.D.S

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Acknowledgement of Receipt of Notice of Privacy Practices

****You may refuse to sign this acknowledgement****

If the patient is under 18 years of age, a parent or legal guardian must sign.

I, _____, have received a copy of this offices Notice of Privacy Practices.

Signature: _____

Date: _____

For patients who need pre-medication only:

I am authorizing this office to call me and remind me to take my pre-medication before my dental appointment. They may leave me a message for me regarding this information at any number that I have supplied them. They may leave a message on any answering machine, voice mailbox or whoever answers the telephone. I also authorize this office to remind me of my pre-medication on any post card remainders that the office mails to me.

Signature: _____

FOR OFFICE USE ONLY

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

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Patient reviewed Privacy Practices but elected not to take a copy home
- Other: _____

Employee Signature: _____

Date: _____