

ADAVANTAGE DENTAL CARE

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICES

* You May Refuse to sign This Acknowledgement *

I _____, have received a copy of this office's
Notice of Privacy Practices. A copy of this signed, dated Acknowledgement shall be as
effective as the original.

Please Print Name

Please Sign Your Name

Date

If you are the legal representative of the patient, please print the patient's name(s) and
describe the authority: _____

Thank you and if you have any questions about this form or the attached Notice, please
contact our privacy officer, Jyl.

Office use only

As privacy officer, I attempted to obtain the patient's (or representative's) signature on
this Acknowledgement but did not because:

- It was emergency treatment.
- I could not communicate with the patient
- The patient refused to sign
- The patient was unable to sign because: _____
- Other (please describe) _____

Signature of Privacy Officer _____