Edward W Kubic Jr DDS Inc.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

riva	Practices. (Including dependents under the age of 18)
	{Please Print Name}
	{Signature}
	{Date}
	FOR OFFICE USE ONLY
	empted to obtain written acknowledgement of receipt of our Notice of Privacy es, but acknowledgement could not be obtained because: Individual refused to sign
•	Communication barriers prohibited obtaining the acknowledgement
•	An emergency situation prevented us from obtaining acknowledgement Other (Please Specify)