

Maria-Dolores Hayeck, D.D.S., P.A.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

Please Print Name

Signature

Date

circle one

May we leave a message in your work; voice mail; or answering machine?	YES	NO
May we contact you at work?	YES	NO
May we discuss dental/medical information about you with your spouse or other family member?	YES	NO