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Drs. William L. Kochenour & Jenny Edwards Specialist in Orthodontics and Children's Dentistry

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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I,		, have received a copy of this office's
Notice of Private	vacy Practices.	
Patient's Signature		Parent's Signature
Print Name		Print Name
Date		-
	For	Office Use Only
-	ted to obtain written acknowledgment could n	owledgment of receipt of our Notice of Privacy of be obtained because:
	Individual refused to sign	
	Communications barriers prohibited obtaining the acknowledgement	
	An emergency situation prevented us from obtaining acknowledgment	
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