Notice of Privacy Practices
Disclosure Agreement
Kerzner Orthodontics, P.C.

You may refuse to sign the acknowledgement

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

_____
Patient Name *(please print)*

_____
Signature

_____
Date

FOR OFFICE USE ONLY

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

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please Specify Below):

_____

_____

_____