Karl K. Wirtz, DDS
Sunridge Dental Care
13830 West Camino Del Sol #200, Sun City West, AZ 85375
623 544-0700 / Fax 623 544-0800

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have been provided a copy of Sunridge Dental Care's Notice of Privacy Practices, which has an effective date of 09/23/2013, and which describes how my health information may be used and disclosed.

I understand that you have the right to change the Notice of Privacy Practices at any time, that I will be provided a copy of any updated version, and that I may contact you at any time to request a current Notice of Privacy Practices.

My signature below acknowledges that I have been provided with a copy of the Notice of Privacy Practices.

_____ _____

Signature of Patient or Patient's Representative Date

Print Name_____

Relationship to Patient (If not signed by the Patient)_____

For Office Use Only

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

( ) Individual refused to sign

( ) Communication barriers prohibited obtaining the ackowledgemetn

( ) An emergency situation prevented us from obtaining acknowledgement

( ) Other (Please Specify)_____