

Timothy J. Becker DDS
PO Box 190
Beaver, OK 73932

Acknowledgement of Receipt of Notice of Privacy Practices

Name: _____

Address: _____

I acknowledge that I have received or been offered a copy of Timothy J. Becker DDS's NPP which describes how my PHI is used and shared. I understand that Timothy J. Becker DDS has the right to change this NPP at any time. I may obtain a current copy by contacting Timothy J. Becker DDS's office manager.

My signature below acknowledges that I have been offered a copy or provided with a copy of the NPP:

Signature of Patient

Date

Print Name

Personal Representative's Title (e.g., Guardian, Executor of Estate, Health Care Power of Attorney)

For Department Use Only: Complete this section if you are unable to obtain a signature.

- If the patient or personal representative is unable or unwilling to sign this Acknowledgement, or the Acknowledgement is not signed for any other reason, state the reason:

- Describe the steps taken to obtain the patient's (or personal representative's) signature on the Acknowledgement

