Smiles of Gurnee Dental Care
6695 Grand Avenue, Suite E,
Gurnee, IL 60031
(847) 855 1445

HIPAA-ACKNOWLEDGEMENT OF RECEIPT
Notice of Privacy Practices

Printed Patient Name: _____

Patient Birth Date:_____

We at Smiles of Gurnee Dental are required by law to maintain the privacy of and provide individuals with the attached Notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to the Notice, please speak with our Front Desk Attendant. If you would like a copy of the Notice, please ask or download from our website.

I hereby acknowledge that I have reviewed the HIPAA Notice of Privacy Practice document.

_____ _____
Signature of patient or patient's representative/parent Date

_____
Printed name of patient or patient's representative/parent

_____
Relationship to patient