

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this acknowledgement of Receipt of Notice of Privacy Practices (the "Notice"), I acknowledge and agree that I have received a copy of the Notice of Privacy Practices for review and to keep for my records on the date identified below.

I understand that Just Smile Dentistry may use and disclose necessary personal health information (for example, my name, address, subscriber identification number, dental exam information and/or treatment provided) to another party to permit the party to perform its administrative duties, provide me with dental care services and/or treatment, products, process my dental benefit claims and communicate with me regarding dental care services provided by Just Smile Dentistry (for Example, mailings of recall reminders or information about services, treatment and products provided by Just Smile Dentistry).

I can be assured that Just Smile Dentistry does not sell my personal health information of any kind to a third party such party's own use. I authorize the location to submit my dental benefit claims to my plan sponsor or health plan to receive reimbursement directly for the dental services and/or treatment that I have received from Just Smile Dentistry.

Patient Signature or Parent/Guardian/Patient's Legal Representative

Date

JUST SMILE FAMILY DENTISTRY
6121 N. Elston Ave
Chicago, IL 60646
773-792-0232 tel.
773-775-8541 fax

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 barrier prohibited the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify)

ACCOUNT # _____