

# **POWER ORTHODONTICS**

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## **WRITTEN ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

Patients Name: \_\_\_\_\_

I acknowledge that I have received a Notice of Privacy Practices.  
I understand that I can contact the office manager if I have further questions or complaints.  
I also understand that I am entitled to request updates if the Notice of Privacy Practices is significantly changed or amended.

\_\_\_\_\_  
Patient/Personal Representative Signature

\_\_\_\_\_  
Date

### **FOR OFFICE USE ONLY**

**Complete if unable to obtain a written acknowledgement from patient or their personal representative.**

A written acknowledgement of receipt of the Notice of Privacy Practices from the above-named patient was unable to be obtained due to:

\_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_  
Signature of employee

Date: \_\_\_\_\_