

**STEVEN DIAK D.M.D., PC**

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**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES**

\* You May Refuse to Sign This Acknowledgment\*

**I have been offered/or received a copy of this office's Notice of Privacy Practices.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Please list names of people with whom we may speak regarding your visits and treatment.

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**For Office Use Only**

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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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

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