

JOSEPH L. JANOWSKI, DDS, MS MATTHEW C. MAYERS, DDS, MS BRENDAN A. O'NEILL, DDS KEVAN M. O'NEILL, DDS, MDS

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I,	(Patient Name), have received a copy of
this	office's Notice of Privacy Practices.
	(Please Print Name-Parent if Patient is Minor)
	(lease 1 mi Name-rai em 11 Falleni is Minor)
	(Signature-Parent if Patient is Minor)
	(Date)
	For Office Use Only
We at	ttempted to obtain written acknowledgement of receipt of our Notice of cy Practices, but acknowledgement could not be obtained because:
Q	Individual refused to sign
	Communication barriers prohibited obtaining the acknowledgement
	An emergency situation prevented us from obtaining acknowledgement
0	Other (Please Specify)
	/2021



MATTHEW C. MAYERS, DDS, MS

Notice of Privacy Practices

Purpose: This form, Notice of Privacy Practices, presents the information that federal law requires us to give our patients regarding our privacy practices.

We must provide this Notice to each patient beginning no later than the date of our first service delivery to the patient, including service delivered electronically, after April 14, 2003. We must make a good-faith attempt to obtain written acknowledgement of receipt of the Notice from the patient. We must have the Notice available at the office for patients to request to take with them. We must post the notice in our office in a clear and prominent location where it is reasonable to expect any patients seeking service from us to be able to read the Notice. Whenever the Notice is revised, we must make the Notice available upon request on or after the effective date of the revision in a manner consistent with the above instructions. Thereafter, we must distribute the Notice to each new patient at the time of service delivery and to any person requesting a Notice. We must also post the revised Notice in our office as discussed above.

Rev. 05/30/08