



The
Geller Dental Group P.C.

COMPREHENSIVE CARE FOR THE ENTIRE FAMILY

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES (HIPAA)

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You may refuse to sign this acknowledgement

I, _____, have been offered a copy of this office's Notice of Privacy Practices.
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Signature _____ Date _____

You may discuss my dental treatment with: _____

Initial Here

You may discuss my finances with: _____

Initial Here

You may leave a message on my home/office voicemail _____

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Please discuss anything relating to my dental treatment or finances with: _____

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