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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

*You May Refuse to Sign this Acknowledgement

I, _____, hereby acknowledge that I have received a copy of this practice's Notice of Privacy Practices.

I have been given the opportunity to ask any questions I may have regarding this Notice.

Print Name

Date

Signature

REFUSAL TO SIGN

Although I have received the Notice of Privacy Practices, I, _____, am refusing to sign this acknowledgment for the reason;

Signature

Date