

TOMCHIK DENTISTRY
4624 PEMBROKE BLVD. SUITE 103
VIRGINIA BEACH, VA 23455
757-460-2250

ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT

I, _____, have read the Notice of Privacy Practices provided by Tomchik Dentistry.

Tomchik Dentistry may discuss my medical and financial information with the following individuals:

_____	_____
_____	_____
_____	_____

Print Name: _____ Relation to Patient: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, however, acknowledgement could not be obtained due to:

- Individual Refused to sign
- Communications barriers prohibited obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

Office Staff Name: _____ Date: _____