



Kent A. Caserta, D.D.S.
38530 Lakeshore Blvd.
Willoughby, OH 44094-7163
(440) 953-1733

Acknowledgement of the Receipt of Notice of Privacy Practices

~You may refuse to sign this Acknowledgement~

I, _____ have received or read a copy of this
Please Print Name

office's notice of privacy practices.

Signature

Date

I also give permission to Dr. Kent Caserta and his Associates to contact and discuss my medical and dental history and necessary treatment with my spouse, parent, caretaker, or guardian as deemed appropriate. If no one please write 'none'.

Name(s) of Person

Signature

-----For Office Use Only-----

We attempted to obtain written acknowledgement of receipt of our privacy practices, but acknowledgement could not be obtained because:

- Individual refuse to sign
- Communication barrier prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining the acknowledgement
- Other (please specify)

