

Allan J. Milewski, D.D.S., Inc.  
750 East Washington Street  
Medina, Ohio 44256

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

\*You may refuse to sign this Acknowledgment

I have received a copy of this office's Notice of Privacy Practices.

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**Print your name**

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**Print the names of minor children who are patients in our practice**

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**Signature**

**Date**

**Please read and initial below as applicable.**

\_\_\_\_\_ I give permission to leave messages regarding premedication on voice mail  
or with members of my immediate family.

\_\_\_\_\_ I give permission to discuss my treatment with members of my immediate family.

<b>For office use only</b>
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We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify)

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