Dr. Donald R. Ruch D.M.D Dr. Jennifer S. Albertus D.M.D 1231 Drexel Avenue Drexel Hill, Pa. 19026

## ACKNOWLEDGEMENT OF PRIVACY PRACTICES

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES YOU MAY REFUSE TO SIGN THIS ACKNOWLWDGEMENT\*

| I,                      | , have received a copy of this office's Notice of Privacy Practices. |  |
|-------------------------|--|--|
| Please print name       |  |  |
| Signature               |  |  |
| Date                    |  |  |
| For Office Use Only     |  |  |
| Patient refused to sing |  |  |
| Communications barr     | ers prohibited obtaining the acknowledgment                          |  |
| An emergency situation  | n prevented us from obtaining acknowledgment                         |  |
| Parent or guardian dic  | not accompany minor patient  |  |

Dr. Donald R. Ruch D.M.D. & Dr. Jennifer S. Albertus D.M.D.
1231 Drexel Ave
Drexel Hill, Pa. 19026
610-449-5055 610-449-9845 Fax