



**Advanced Dental Care of Englewood**  
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## NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act of 1996 requires that health care providers give patients a copy of the office Notice of Privacy Practices and make a good faith effort to obtain an acknowledgment of receipt of same. You may refuse to sign this acknowledgment form.

By signing this form I confirm that I have received a copy of the office Notice of Privacy Practices.

Print Name : \_\_\_\_\_

Sign Name : \_\_\_\_\_

Date : \_\_\_\_\_

Written acknowledgment was not obtained:

- Patient refused to sign
- Emergency situation
- Unable to communicate with patient
- other