

**Maigrely Abreu-Hernandez, D.M.D.**

**ACKNOWLEDGEMENT OF RECEIPT  
OF  
NOTICE OF PRIVACY PRACTICE  
DATED April 14, 2003**

NAME OF PATIENT \_\_\_\_\_ ACKNOWLEDGE AND AGREE THAT I HAVE  
RECEIVED COPY OF CASA SMILES' NOTICE OF PRIVACY PRACTICES.

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PATIENT/LEGAL REPRESENTATIVE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF LEGAL REPRESENTATIVE

\_\_\_\_\_  
RELATIONSHIP TO PARENT

\_\_\_\_\_  
\_\_\_\_\_

**FOR CLINICAL USE ONLY:**

CASA SMILES MADE THE FOLLOWING GOOD FAITH EFFORTS TO OBTAIN THE ABOVE-REFERENCED INDIVIDUAL'S WRITTEN  
ACKNOWLEDGEMENT OF RECEIPT OF THE NOTICE OF PRIVACY PRACTICES.

(IDENTIFY THE EFFORTS THAT WERE MADE TO OBTAIN THE INDIVIDUAL'S WRITTEN ACKNOWLEDGEMENT, INCLUDING THE  
REASONS, IF KNOWN, WHY THE WRITTEN ACKNOWLEDGEMENT WAS NOT OBTAINED.)