

**DI VERDE DENTAL STUDIO**  
**30 N. Michigan Avenue**  
**Suite 1405**  
**Chicago, IL 60602**

**SECTION A: The Patient**

(Please print)

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**SECTION B: Acknowledge of Receipt of Privacy Practice Notice.**

I, \_\_\_\_\_, acknowledge that I have received a Notice of Privacy Practices from the above named practice.

**SIGNATURE:**

I attest that the above information is correct.

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

**ACKNOWLEDGEMENT OF RECEIPT OF  
PRIVACY PRACTICES NOTICE**

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