

PRIEBE ORTHODONTICS, pc
10998 O'Malley Centre Drive, Suite A
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(907) 563-2828 Fax (907) 561-0374

Acknowledgement of Receipt of Notice of Privacy Practices

“You may refuse to sign this acknowledgment”

I, _____, have been given the option to receive a copy of this office’s Notice of Privacy Practices.

Signature

Date

I also give permission to Dr. Priebe and his staff members to discuss any treatment/financial arrangements received under his care with the following person(s):

For Office Use Only