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Patient Name _____

Written Acknowledgment of Receipt of Notice of privacy Practices.

I acknowledge that I have received a Notice of Privacy Practices.

I understand that I can contact Dr. Crystel Riggs if I have further questions or complaints.

I also understand that I am entitled to request updates if the Notice of Privacy Practice is significantly change or amended.

Patient / Personal Representative Signature

Date

For office use only

Complete if unable to obtain a written acknowledgment from patient or their personal representative.

A written acknowledgment of receipt of the notice of privacy practices from the above-named patient was unable to be obtained due to:

By: _____
Signature of employee

Date: _____