

Receipt of Notice of Privacy Practices

Dr. Thomas Kopp & Dr. John Bloom DDS, PC  
615 Dakota Street – Suite A  
Crystal Lake, IL 60012  
815-477-4055

I have received a copy of this office’s Notice of Privacy Practices.

Print Name:

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Signature:

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Relationship to Patient (if other than self):

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Date:

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**\*\* You May Refuse to Sign This Acknowledgement \*\***

**\*\* For Office Use Only \*\***

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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

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Initials: \_\_\_\_\_

January 2016