

A. Richard Wielgos, D.D.S.

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**PATIENTS ACKNOWLEDGEMENT OF RECEIPT OF NOTICE
OF PRIVACY RIGHTS**

I, _____, have received a copy of the Notice of Privacy Practices of the office of A. Richard Wielgos, D.D.S.

OPTING OUT:

- I do not want appointment reminder messages left on my home answering machine system; I understand that the office may charge me should I fail to keep my appointment.
- I do not wish my protected health care information to be released to the following persons: _____

Please print your name: _____

Please sign: _____ Date: _____

-
- I decline to sign the Acknowledgement.
-

OFFICE USE:

The office was unable to obtain a signed Acknowledgement form from the above patient for the following reasons: