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RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have been provided with a *NOTICE OF PRIVACY PRACTICES* and have been given the opportunity to review this information.

Signature of Patient or Legal Representative

Date

Printed Name of Patient

FOR OFFICE USE ONLY

Acknowledgement of receipt of privacy practices was not obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining the acknowledgment