Jason Muck, D.M.D

3149 Lincoln Highway

Thorndale, Pa. 19372

610-384-6700

Acknowledgement of Receipt of Notice of Privacy Practices and Authorization to release Health Information.

By signing below, I acknowledge receipt of Notice of Privacy Practices of Dr. Jason's office. In addition, by signing below, I authorize Dr. Jason to disclose my health and dental information in conformance with the provisions of The Notices of Privacy Practices.

X____ X_______________

Signature Date

Inability to Obtain Acknowledgement (to be completed only if no signature is obtained)

No acknowledgement of receipt of Privacy Practices was obtained from the patient because:

_______ Individual refused to sign.

_______ Communications barriers prohibited obtaining the acknowledgement.

_______ An emergency situation prevented us from obtaining the acknowledgement.

_______ Other (please specify).