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**Funke Family Dentistry
Notice of Privacy Acknowledgement
Federal / State of Wisconsin**

I, _____, acknowledge that I have been offered a copy of the written Notice of Privacy Practices from Funke Family Dentistry.

Patient or Personal Representative Signature

Date

May we phone, email, or send a text too you to confirm appointments?
Yes No

May we leave a message on your answering machine at home or on your cell phone?
Yes No

May we discuss your dental condition with any member of you family
Yes No

If YES, please name the members allowed:

If unable to sign:

The patient's medical or mental condition prohibits the individual from signing an acknowledgement at this time.

Acknowledgement was unable to be obtained for the following reason:

I, _____ refuse to sign the Notice of Privacy Practice.

Patient or Personal Representative Signature

Date