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Notice of Privacy Practice

I have received a copy of this office's Notice of Privacy Practice.

Patient Signature: _____

Patient Name: _____

Date: ____/____/____

For Office Use Only

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

- individual refused to sign
- communication barriers prohibited obtaining the acknowledgement
- an emergency situation prevented us from obtaining acknowledgement
- other (please specify)