

RECEIPT OF NOTICE OF PRIVACY PRACTICES

Kopp Bloom Full General Dentistry

Dr. Brandon Full, DDS

615 Dakota Street – Suite A

Crystal Lake, IL 60012

815-477-4055

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

Print Name:

Signature:

Relationship to Patient (if other than self):

Date:

**** You May Refuse to Sign This Acknowledgement ****

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our **Notice of Privacy Practices**, but acknowledgment could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communication barriers prohibited obtaining the acknowledgment
- ☐ An emergency situation prevented us from obtaining acknowledgment
- ☐ Other (Please specify):

Initials: _____

December 26, 2025