Acknowledgement of Receipt of Notice of Privacy Practices *You May Refuse to Sign this Acknowledgement*

EMAIL ADDRES	<mark>SS</mark> :	
I, (print name) office's Notice of Privacy Practices.		, have received a copy of this
Under the requirements of HIPAA, v anyone without the patient's conser released to family members or frien	it. If you wish t	ved to give medical/dental information to to have any of your medical/dental information he individual(s) below:
Name	Phone	Relationship
Name	Phone	Relationship
	nicate with yo	eceive care in our dental office. U? Our dental office sends appointment reminders, dother communications.
For Phone, Text and Email Communi		
me to provide health care information s	such as <mark>appointm</mark> ng artificial or pre	ne dental practice or its service provider may contact the tent reminders and information about treatment, erecorded voice or telephone equipment that may be ply):
☐ Contact me by phone at:	☐ Home	()
	☐ Cell	()
	☐ Work	
☐ Text Me ☐ Email Me	☐ Do Not Cor	ntact
Signature:		Date:
Please contact our office right away i	f you get a new	telephone number.
Office use only:		
We attempted to obtain written acknownot be obtained due to:	vledgement of re	ceipt of our Notice of Privacy Practices, receipt could
 ☐ Individual refused to sign ☐ An emergency situation prevented u ☐ Communication barriers prohibited 		
☐ Consent Revoked. Date/Initials:	/	