

DEDICATED DENTAL SERVICE

Acknowledgement of Receipt of Notice of Privacy Practice

Patient Name: _____

May we leave a message on the phone numbers provided to us? Yes _____ No _____
May we send E-mails to the address provided? Yes _____ No _____

I hereby acknowledge that I have read a copy of Dedicated Dental Services Notice of Privacy Practices. I understand that I have the right to refuse to sign this acknowledgement if I so choose.

Signature of Patient Date _____

Signature of Legal Representative (if applicable)
If patient is under 18 years of age Relationship of Patient (if applicable)
____ Parent or Guardian of unemancipated minor
____ Court appointed Guardian
____ Executor or Administrator of decedent's estate
____ Power of Attorney

Emergency Contact Name: _____ Phone number _____

Release of Information

Due to the Hipaa law Dedicated Dental can only release information to you the patient, over the phone or in person. If you would like others to have access to your personal information such as, appointment dates and times, treatment needed and end of the year tax information please list their name, date, of birth and relationship below.

Name _____	Relationship _____	Date of Birth _____
Name _____	Relationship _____	Date of Birth _____
Name _____	Relationship _____	Date of Birth _____

If there is no one you would like this information shared with, please initial here _____

By signing below you are giving Dedicated Dental the consent to share personal information with the individuals you have listed above. This form will stay in effect until a written request is given to our office by patient or legal representative.

Signature _____

Office use only

We attempted to obtain written acknowledgement of receipt of our notice of privacy practices on the following date _____ but could not be obtained because:

- ____ Patient / Representative refused to sign
- ____ Emergency situation prevented us from obtaining acknowledgement at this time
- ____ Communication barriers prohibited acknowledgement (explain)
- ____ Other (Specify)

