

# 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)

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)

\_\_\_\_\_  
\_\_\_\_\_

