



## Acknowledgement of Receipt of Notice of Privacy Practices and Consent/Limited Authorization and Release Form

I \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.  
Patient Name

\_\_\_\_\_  
Print Parent name or Guardian name if patient under 18

\_\_\_\_\_  
Signature (I agree that I have read and understand the privacy policy)      \_\_\_\_\_  
Date

Please list any additional person(s) that are approved to have access to the above listed patient's Account and Dental Records:

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

I Authorize contact about ***My Appointments and Billing Information*** via:

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Text Message to my Cell Phone |
| <input type="checkbox"/> Home Phone | <input type="checkbox"/> Email                         |
| <input type="checkbox"/> Work Phone | <input type="checkbox"/> ANY OF THE ABOVE              |

I Authorize ***Information about My Health*** to be conveyed via:

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Text Message to my Cell Phone |
| <input type="checkbox"/> Home Phone | <input type="checkbox"/> Email                         |
| <input type="checkbox"/> Work Phone | <input type="checkbox"/> ANY OF THE ABOVE              |

### For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, 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)