

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgment

I, _____, have received/reviewed a copy of
Jacksonville Family Dentistry Notice of Privacy Practices.

Print Patient Name

Signature

____ / ____ / ____
Date

Authorization to Release Information

I, _____, authorize the following person(s) to have access to information covered under the Privacy Act to people other than yourself.

(Please print)

Relationship

(Please print)

Relationship

(Please print)

Relationship

Do we have your permission to leave messages on voice mail or an answering machine? YES NO

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 _____

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