

# Dentistry @ Its Finest ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**Purpose:** This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

**\*\*You May Refuse to Sign This Acknowledgement\*\***

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

Please Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Authorization to Release Information

**Purpose:** This form is used to obtain authorization to release information regarding yourself

covered under the Privacy Act to people other than yourself. I, \_\_\_\_\_,

authorize the following person(s) to have access to information covered under the Privacy

Practice regarding myself.

\_\_\_\_\_  
Please Print Name and Relationship

\_\_\_\_\_  
Please Print Name and Relationship

\_\_\_\_\_  
Please Print Name and Relationship

### 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

\_\_\_ Communications barriers prohibited obtaining the acknowledgement

\_\_\_ An emergency situation prevented us from obtaining acknowledgement

\_\_\_ Other (Please Specify)