

Dentalworks Family

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND AUTHORIZATION FOR CONSENT

You May Refuse To Sign This Acknowledgement

I, _____, have received a copy of this office's Notice of Privacy Practices. I also give permission for the person(s) listed below to bring to treatment, uses and disclosures of health and financial information.

Print Name

Signature

Date

Patient Name(s) & DOB:

_____	_____
_____	_____
_____	_____
_____	_____

Name & Relationship to patient(s) given permission for consent:

_____	_____
_____	_____
_____	_____
_____	_____

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)