## Acknowledgment of Receipt of Notice of Privacy Practices \*You May Refuse to Sign this Acknowledgement\*

EMAIL ADDRES	<mark>SS</mark> :	
I, (print name) office's Notice of Privacy Practices.		, have received a copy of this
	it. If you wish	wed to give medical/dental information to to have any of your medical/dental information the individual(s) below:
Name	Phone	Relationship
Name	Phone	Relationship
How would you like us to communinformation about treatment, insurance  For Phone, Text and Email Communion  By signing below, I consent to to to provide health care information s	nicate with your information, and cations:  he following: The cation as appoint not be	eceive care in our dental office.  Pu? Our dental office sends appointment reminders, and other communications.  The dental practice or its service provider may contact the reminders and information about treatment, erecorded voice or telephone equipment that may be
capable of automatic dialing.  My preferred method of contact is (cl	-	
☐ Contact me by phone at: ☐ Text Me ☐ Email Me	☐ Home ☐ Cell ☐ Work	()
Signature:		
Please contact our office right away i	f you get a new	telephone number.
Office use only:		
We attempted to obtain written acknow could not be obtained due to:	ledgment of rec	reipt of our Notice of Privacy Practices, the receipt
<ul><li>☐ Individual refused to sign</li><li>☐ An emergency prevented us from ob</li><li>☐ Communication barriers prohibited</li></ul>		
□ Consent Revoked Date/Initials:	/	