



Your Privacy Is Important To Us

Acknowledgement of Receipt of Notice of Privacy Policies

I have received a copy of the Notice of Privacy Practices of Sorriso Dental. I hereby authorize, as indicated by my signature below, Sorriso Dental to use and to disclose my protected health information for any necessary clinical, financial, and insurance purpose as authorized in the Patient Consent Form.

_____ **Print Name**

_____ **Address**

_____ **Signature**

_____ **Date**

Please check your preferred means of communication:

- ___ You may contact me at my home telephone number _____
- ___ You may contact me on my mobile telephone number _____
- ___ You may contact me on my work telephone number _____
- ___ You may send me an unencrypted email/text message at _____
- ___ Other _____

Please list authorized persons with whom we may discuss your Protected Health Information (PHI) in addition to custodial parents and legal guardians:

1. _____ **Date Added/Removed:** _____
2. _____ **Date Added/Removed:** _____
3. _____ **Date Added/Removed:** _____
4. _____ **Date Added/Removed:** _____

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 the acknowledgement
- ___ Other _____

Staff Person Initials _____