

Modern Dentistry
Your Privacy Is Important to Us

Acknowledgment of Receipt of Notice of Privacy Policies

I have received a copy of the Notice of Privacy Practices of Modern Dentistry. I hereby authorize, as indicated by my signature below, to use and to disclose my protected health information for any necessary clinical, financial, and insurance purposes.

Print Name

Address

Signature

Date

Please indicate your preferred means of communication:

You may contact me by telephone, preferably at: (_____) _____ - _____

You may contact my by email, preferably 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: _____

5. _____ Date Added / Removed: _____

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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 Intials: _____