



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 Brentwood Family 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 purpose, as authorized in the Patient Consent form.

Print Name

Signature

Address

Date / /

City/State/Zip

Please check your preferred means of communication:

- Checkboxes for home, mobile, work phone numbers and email/other contact methods.

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

- Numbered list of 5 authorized persons with Date Added / Removed fields.

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:

- Checkboxes for reasons: Individual refused to sign, Communication barriers, Emergency situation, Other (Please Specify).