

Notice of Privacy Practices Acknowledgement and Consent

[Click here to view Notice of Privacy Practices](#)

I acknowledge the receipt of a copy of the currently effective Notice of Privacy Practices for this healthcare facility. A copy of this signed, dated document shall be as effective as the original.

My signature will also serve as a PHI document release should I request treatment or radiographs be sent to other attending doctors/facilities in the future.

Your comments regarding acknowledgement and consent

How do you want to be addressed when summoned from the reception area?

First Name Only

Proper Surname

Other

I authorize the following individuals (example: spouse, parent/grandparent, sibling) to have access to and be informed of this patient's dental/medical information and dental/medical care:

Person 1

Name

Relationship

Person 2

Name

Relationship

Person 3

Name

Relationship

If you do not list anyone, we WILL NOT share any information regarding your account.

I authorize contact from this office to confirm my appointments, treatments and billing information via:

Cell Phone Confirmation

Text Message to My Cell Phone

Home Phone Confirmation

Email Confirmation

Work Phone Confirmation

Any of the Above

I authorize information about my health be conveyed via:

Cell Phone Confirmation

Text Message to My Cell Phone

Home Phone Confirmation

Email Confirmation

Work Phone Confirmation

Any of the Above

I approve being contacted about special services, events, fund raising efforts or new health information on behalf of this office via:

Phone Message

Text Message

Email

Any of the Above

None of the Above (opt out)

In signing this HIPAA Patient Acknowledgement Form, I acknowledge and authorize, that this office may recommend products or services to promote my improved health. This office may or may not receive third party remuneration from these affiliated companies. This office, under current HIPAA Omnibus Rule, will provide me with this information with my knowledge and consent.

Patient's Signature

create

Draw signature here

Relationship to the patient

Please select...

FOR OFFICE USE ONLY

As Privacy Officer, I attempted to obtain patient's (or representative's) written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

Please select...

Name of Privacy Officer