

Galdos Dental

Acknowledgement of receipt of notice of privacy practice

May refuse to sign

I, _____ (PRINT NAME), Have received a copy of this office notice of practices

Signature: _____ Date: _____

Whom may we release both your medical & account information to: (Parents, Spouse, Siblings, Dentist, Personal Email Etc.) Please be Specific:

Name

Relationship

For office use only

We attempt to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but This could not be obtained because:

Individual refused to sign

Communications barriers prohibited obtaining the acknowledgement

An emergency prevented us from obtaining the acknowledgement

Other

Employee Signature _____ Date: _____