

Precious Smile Dental & Orthodontics

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE

SECTION A: The Patient

Name: X

Address: X

Telephone: X Social Security Number: X

Section B: Acknowledgement of Receipt Of Privacy Notice Consent for Use and Disclosure of Health Information

I X. Acknowledge that I have received a Notice of Privacy Practices from the above named practice. I understand that by signing this Consent form I am giving my Consent to your use and disclosure of my protected health information to carry out treatment, payment activities, and health care operations.

SIGNATURE: X DATE: X

If a personal representative signs this authorization on behalf of the individual please complete the following:

Personal Representative's Name: _____

Relationship to Individual: _____

Revocation of Consent

I revoke my consent for your use and disclosure of my protected health information for treatment, payment activities, and health care operations.

I understand that revocation of my Consent will not affect any action you took in reliance on my Consent before you revoked this written Notice of Revocation. I also understand that you may decline to treat or to continue to treat me after I have revoked my Consent.

SIGNATURE: _____ DATE: _____

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
- Communications barriers prohibited the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify): _____