



# ORAL SURGERY

DENTAL IMPLANT CENTER

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## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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I \_\_\_\_\_, have read a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- I authorize release of medical information to the following individuals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I authorize the doctor/staff to leave medical information on an answering machine.

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### For Office Use Only

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We attempt 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 obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

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