

**Acknowledgement of Receipt of Notice of Privacy Policies**

I have received a copy of the Notice of Privacy Practices to Distinctive Dental Services. I hereby authorize, as indicated by my signature below, Troy Family Dental 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	Address
_____	_____
Signature	Date

**Please check your preferred means of communication:**

- You may contact me at my home/work/cell telephone number \_\_\_\_\_
- You may send me an unencrypted email to \_\_\_\_\_@\_\_\_\_\_
- Other \_\_\_\_\_

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

1. \_\_\_\_\_ Date added/removed \_\_\_\_\_
2. \_\_\_\_\_ Date added/removed \_\_\_\_\_
3. \_\_\_\_\_ Date added/removed \_\_\_\_\_
4. \_\_\_\_\_ Date added/removed \_\_\_\_\_



**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
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining the acknowledgement
- Other \_\_\_\_\_

Staff Initials \_\_\_\_\_