

Nashoba Family Dentists

Acknowledgement of Receipt of Notice of Privacy Practices

****You may refuse to sign this acknowledgement****

I, _____, have received a copy of this office's
(please PRINT name)
Notice of Privacy Practices.

Signature: _____ Date: _____

Release of Information

I, _____, give permission for my dental
(please PRINT name)
and/or account information to be discussed with the following person(s):

Spouse: _____

Parent: _____

Other: _____

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
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify) _____