

PATIENT'S ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY RULES

I _____, have received a copy of the Notice of the Privacy Practices of the office of English Rows Dental Group, P.C.

OPTING OUT:

I do not want appointment reminder messages left on my home answering system; I understand that the office may charge me should I fail to keep my appointment.

I do not want to be informed of dental products or services that are available at the office.

I do not wish my protected health care information to be released to the following person:

_____.

(Provide name and address)

Please print your name: _____

Please sign and date: _____

I decline to sign the acknowledgement.

OFFICE USE:

The office was unable to obtain a signed Acknowledgement form from the above patient for the following reasons:

Communication barriers prohibited obtaining the acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Other: _____