

Acknowledgement of Receipt of Notice of Privacy Practices Ravenna Family Dentistry

*** You May Refuse to Sign This Acknowledgment***

Patient Acknowledgement

Please sign this form below to acknowledge that you have today received a copy of our notice of privacy practices.

I have received a copy of this office's Notice of Privacy Practices.

Print Name: _____

Patient or Parent/Guardian Signature: _____

Date: _____

Patient Consent

Please sign this form below to consent to our disclosures of your information that we deem necessary in order to provide you with proper treatment.

I consent to your disclosures of my information, which you deem are necessary in connection with my treatment.

Print Name: _____

Patient or Parent/Guardian 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 obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

Office Personnel Name

Office Personnel Signature

Date: _____

