

Dental Specialties of Royal Oak

Acknowledgement of Receipt of Notice of Privacy Practices

You may refuse to sign this acknowledgement

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

Signature

Date

Patient Consent

I consent to your disclosure of my information, which you deem necessary in connection to my treatment. I understand that disclosures may not be of the type mentioned in the Notice of Privacy Practices.

Patient Signature

Print Patient Name

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)
