

Acknowledge of Receipt of Notice of Privacy Practices

I have received a copy of the Notice of Privacy Practices of Campbell Station Dentistry. I hereby authorize, as indicated by my signature below, Campbell Station Dentistry, to use and disclose my protected health information for any necessary clinical, financial, and insurance purposes, as authorized in the patient consent form. My signature will also serve as a public health information document release should I request treatment or radiographs be sent to other attending doctors/facilities in the future.

Patients Name

Parent/Legal Guardian Signature

Date

Relationship to patient

Please check any of your preferred means of communication:

You may contact me at any of the following. Check all that apply.

Home phone _____ Mobile phone _____

Other _____ Email _____

Please list all authorized persons with whom we may share protected health information (PHI)

1. _____

Name Relationship to patient Phone #

Authorized to make decisions on my behalf Authorized to accompany child/children to appointments only

Authorized to sign consent for procedures Authorized to make decisions for emergency only

2. _____

Name Relationship to patient Phone #

Authorized to make decisions on my behalf Authorized to accompany child/children to appointments only

Authorized to sign consent for procedures Authorized to make decisions for emergency only

3. _____

Name Relationship to patient Phone #

Authorized to make decisions on my behalf Authorized to accompany child/children to appointments only

Authorized to sign consent for procedures Authorized to make decisions for emergency only

*If the parent/legal guardian wants to make changes to this list, a new form must be completed. This document does not expire until the Practice is notified in writing by the parent or legal guardian.

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 An emergency situation prevented us from obtaining the acknowledgement

Other _____ Staff initials _____