

Tulsa Dental Center

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**** You may refuse to sign this acknowledgment ****

I, (Print patient) _____, have been offered a copy of the Tulsa Dental Center's Notice of Privacy Practices.

I authorize my health information to be disclosed to immediate family member, friend or other person listed below to the extent necessary to help with your healthcare and/or payment for healthcare you have received.

Signature of Patient

Date

If this Acknowledgment is signed by a personal representative or guardian on behalf of the patient, complete the following:

Name of Guardian or Representative

Relationship to Patient

_____ THE FOLLOWING IS FOR OFFICE USE ONLY _____

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (please specify) _____

This form does not constitute legal advice and covers only federal law.