



## Acknowledgment of Receipt of Notice of Privacy Practices

Patient Name (print) \_\_\_\_\_

**Purpose:** This form is used to obtain acknowledgment of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgment.

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

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

\_\_\_\_\_  
Patient Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (m/d/y)

### **Authorization to Release Information**

**Purpose:** This form is used to obtain authorization to release information regarding yourself covered under the Privacy Act to people other than yourself.

I, \_\_\_\_\_, authorize the following person(s) to have access to information covered under the Privacy Practice regarding myself.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Relationship

\*\*\*\*\*

### **For Office Use Only**

We attempted to obtain written acknowledgment 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*) \_\_\_\_\_

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