

ANTHONY J. SIDOR, D.D.S., PA

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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.

_____ {Print Patient Name}

_____ {Signature/Patient/Parent/Guardian }

_____ {Date}

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)

Please mark an X next to the below statements that apply to you

_____ You have my permission to share my dental and account information with the name(s) listed (example: Spouse's name, Parent's name, Child's name, etc.)

_____ Please do not share my dental information with anyone.

_____ Please do not share my account information with anyone.