

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

### \*\*\* You May Refuse to Sign This Acknowledgement \*\*\*

Here at Windsor Preventive Dental Care, the entire workforce is trained and committed to exercise care in order to safeguard the use and disclosure of your protected health information in all oral, hard copy, & electronic communications.

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

I understand that, unless otherwise specified, Windsor Preventive Dental Care may send electronic communications (email)(text messages) to me, provided I disclose a current email address and give verbal consent.

You have my written consent to discuss my treatment with:

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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#### For Office Use Only

We attempted to obtain written acknowledgement of review of our Notice of Privacy practices, but acknowledgement could not be obtained because:

- ◇ Individual refused to sign
- ◇ Communication barriers prohibited us from obtaining the acknowledgement
- ◇ An emergency situation prevented us from obtaining acknowledgement
- ◇ Other (Please Specify)