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## ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

*You may refuse to sign this acknowledgment and/or the electronic mail authorization.*

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Use of Electronic Mail for Interoffice Communication

I hereby give my written permission for this office to communicate by electronic mail (eMAIL) with other offices to which I may be referred. Such communication may include material such as my name and contact information, digital radiographs and photographs and statements about my dental and medical health pertinent to the referral. I understand that I may request to be copied on any such communication(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### For Office Use Only

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

- The individual refused to sign.
- Communication barriers prohibited obtaining acknowledgment.
- An emergency situation prevented us from obtaining acknowledgment.
- Other (please specify below).

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