## Acknowledgement of Receipt of Notice of Privacy Practices

I received a copy of the Notice of Privacy Practices of **Hutchens Family Dentistry**, or a copy has been made available to me. I hereby authorize as indicated by my signature below, **Hutchens Family Dentistry** to use, and disclose my protected health information for any necessary clinical, financial, and insurance purposes as authorized.

_________________________________ _________________________________

Print Name (**Patient**) Address

_________________________________ _________________________________

Signature (**Patient**) (**Parent/Guardian if minor**) Date

**Please check your preferred means of communication (you may check more than one):**

□ You may contact me at my home number

□ You may contact/ text me on my mobile number

□ You may contact me on my work number

□ You may send an email at ________________________________________________

□ Other: ____________________________________________________________

**Please list ALL authorized persons with whom we may discuss your Protected Health Information (PHI). (Ex: Spouses, Parents, Partners, etc.)**

**Please notify us if you desire to remove a name from this list in the future.**

**If patient is a minor, please list parents and/or guardians.**

_________________________Relationship_________________Date__________added/removed

_________________________Relationship_________________Date__________added/removed

_________________________Relationship_________________Date__________added/removed

_________________________Relationship_________________Date__________added/removed

For Office Use Only:

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

□ Individual refused to sign

□ Communication barriers prohibited obtaining the acknowledgement

□ An emergency situation prevented us from obtaining the acknowledgement

□ Other (Please specify): _______________________________________

Staff Person Initials:_______________