Patient Acknowledgment
of Receipt of Notice of Privacy Practices

HIPAA Authorization

I hereby acknowledge that I have reviewed and received a copy of Pine Ridge Dental's *Notice of Privacy Practices* explaining:

- How Pine Ridge Dental will use and disclose my protected health information,
- My privacy rights with regard to my protected health information, and
- Pine Ridge Dental's obligations concerning the use and disclosure of my protected health information.

I understand that the *Notice of Privacy Practices* may be revised from time to time and that I am entitled to receive a copy of any revised *Notice of Privacy Practices* upon request.

I also understand that if I have any questions or concerns, I may contact Carly at 402-423-1100 or carly@pineridgedental.com.

I may also contact the Secretary of the U.S. Department of Health and Human Services with any concerns regarding our privacy and security policies and procedures. Their contact information can be found at www.hhs.gov/about/contactus/index.html.

I hereby give authorization to the following people to access my personal health information:

_____ _____ _____

Consent for Communications

I give consent to the dental practice to use my cell phone number regarding appointments, treatment, insurance, and my account. I understand that I can withdraw my consent at any time.

My cell phone is (____)_____. I consent to *(Choose one or both):* ☐ Call ☐ Text

I give consent to receiving emails from the dental practice regarding treatment, insurance, special promotions, and my account. I understand I can withdraw my consent at any time.

My email address is _____.

_____ _____

Patient / Parent / Legal Guardian Signature Date

FOR OFFICE USE ONLY

We made a good-faith effort to obtain an acknowledgment of _____'s receipt of our Notice of Privacy Practices. In spite of these efforts, our office has been unable to obtain a signed acknowledgement of receipt for the following reasons (check all that apply):

☐ Patient refused to sign (date of refusal) _____
☐ Communication barriers prohibited obtaining an acknowledgment
☐ An emergency situation prevented us from obtaining an acknowledgment
☐ Other _____

Attempt was made by: _____ Date: _____