

# Royal Oak Family Dentistry

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## Acknowledgement of Receipt of Notice of Privacy Practices

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\*You may refuse to sign this acknowledgement\*

I, \_\_\_\_\_, have received a copy of this office's Notice of  
(please print name)  
Privacy Practices.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Patient Consent

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I consent to your disclosure of my information, which you deem necessary in connection to my treatment. I understand that disclosures may not be of the type mentioned in the Notice of Privacy Practices

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

### 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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

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