

EAST VALLEY PERIODONTICS
ACKNOWLEDGMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgment

I have received a copy of this OFFICE'S NOTICE OF PRIVACY PRACTICES, which can be found at www.evperio.com.

(Please Print Name)

(Signature)

(Date)

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Please list below anyone with whom you give your consent for us to disclose or discuss your treatment, healthcare, appointment or financial information (*i.e. a spouse/significant other, parent, child*). This information is private and without your consent will not be disclosed to any individual other than your General Dentist (if they referred you to our office).

Name.....Relationship

Name.....Relationship

Name.....Relationship

Name.....Relationship

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 acknowledgment
- Emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify)