

# POST OAK DENTAL

## Acknowledgement 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.

#### **PLEASE PRINT CLEARLY**

(Regarding appointments, reminders and payments)

I prefer to receive communication by email.

\_\_\_\_\_

I prefer to receive communication by text.

\_\_\_\_\_

I prefer communication via landline phone.

\_\_\_\_\_

Print

Name \_\_\_\_\_

Signature \_\_\_\_\_

—

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)

---

---

---