

OAK LEAF DENTAL

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HIPAA Privacy Notice

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND DENTAL MATERIALS FACT SHEET

****You May Refuse to Sign This Acknowledgement****

I have received (or have been offered) a copy of the **Notice of PRIVACY PRACTICES AND DENTAL MATERIALS FACT SHEET** from **OAK LEAF DENTAL**

_____ (Please Print Name)

_____ (Signature)

_____ (Date)

If this Acknowledgement is signed by a personal representative on behalf of the patient complete the following:

_____ (Personal Representative's Name)

_____ (Relationship to Patient)

I (Print Name) _____ consent to **Oak Leaf Dental** using my home phone, cell phone and or email to:

(Choose one or all)

- ☐ Call regarding my appointments, treatment, Insurance, and my account
- ☐ Text regarding my appointments, treatment, Insurance, and my account
- ☐ Email regarding my appointments, treatment, Insurance, and my account

I understand I can withdraw my consent at any time.

My home number is (include area code)

(_____) _____ - _____ Initials _____

My cell number is (include area code)

(_____) _____ - _____ Initials _____

My Email is (Please Print)

_____ Initials _____

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our **Notice of Privacy Practices and Dental Materials Fact Sheet**, but the 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) _____