

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) _____