

# Acknowledgement of receipt of Notice Of Privacy Practices

Purpose: This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

**\*\*You may refuse to sign this acknowledgement\*\***

I, \_\_\_\_\_ have received a copy of Cornerstone Dental Group's Notice of Privacy Practices.

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

Sign Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Authorization to release information

Purpose: This form is used to obtain authorization to release information regarding you covered under the Privacy Act to people other than yourself. I \_\_\_\_\_  
Authorize the following person(s) to have access to information covered under the Privacy Practice regarding myself.

\_\_\_\_\_  
Please Print Name & Relationship to you

\_\_\_\_\_  
Please Print Name & Relationship to you

\_\_\_\_\_  
Please Print Name & Relationship to you

### 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
- Communication barrier prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify) \_\_\_\_\_