



THE DENTAL SPECIALTY CENTER

FALCON

Acknowledgement of Receipt of The Dental Specialty Center's HIPAA Notice of Privacy Practices

* You May Refuse to Sign This Acknowledgment*

I have reviewed a copy of The Dental Specialty Center's Notice of Privacy Practices. I understand that I may receive a written copy in person, by mail, emailed or downloaded from our website upon request.

Print Name: _____ Signature: _____ Date _____

Childs Name _____ Child Name _____

Child Name _____ Child Name _____

Childs Name _____ Child Name _____

The Dental Specialty Center may contact me regarding appointments, insurance questions or account information via;

Cell Phone _____ Home Phone _____ Work _____

Email _____ Other _____

I would like to receive appointment verifications via text message: Please circle **Yes** or **No**

_____ The Dental Specialty Center may share personal health information regarding my account or treatment with persons listed on my account.
Initial

Please list others with whom we may discuss account or treatment with:

Name	Relationship	Phone Number

Name	Relationship	Phone Number

Comments: _____

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)