



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.

PRINT NAME

SIGNATURE

DATE

ALTERNATIVE COMMUNICATION AUTHORIZATION

I, _____, authorize *New Hope-Solebury Dental Associates* to communicate personal health information to me through alternative communication methods such as: email, telephone, voice-mail, fax, text and mail.

PRINT

SIGNATURE

DATE

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign.
- Communication barriers prohibited obtaining acknowledgment.
- An emergency situation prevented us from obtaining acknowledgment.
- Other (Please Specify) _____