



## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**\*You May Refuse to Sign This Acknowledgment\***

If you are consenting to the care of another. I have the legal authority to sign this on behalf of \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

I, \_\_\_\_\_, have received a copy of this Office's Notice of Privacy Practice.

\_\_\_\_\_  
PRINT

\_\_\_\_\_  
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

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#### 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) \_\_\_\_\_