

Roya Amini, D.D.S.

Acknowledgement of Receipt of Notice of Privacy Policy

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

I, _____, have received a copy of this office's Notice of Privacy Practices.

I give my consent to disclose dental records (x-rays/referral forms), health information and treatment/financial options with family and/or friends.

(Name of Family or Friend)

(Name of Family or Friend)

(Print Name)

(Signature)

(Date)

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)
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