ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Patient: «SD_PAT_1->FName» «SD_PAT_1->LName»
Date: «CURRDATE»

By signing this form, you acknowledge that Towne Centre Family Dental and SmileMakeover Studio has given you a copy of its Privacy Notice, which explains how your health information will be handled in various situations.

Check all that are true:

[ ] I have received Towne Centre Family Dental and SmileMakeover Studio's Privacy Notice.

[ ] Towne Centre Family Dental and SmileMakeover Studio have given me the chance to discuss my concerns and questions about the privacy of my health information.

[ ] I wish to place the following restrictions on the use and/or disclosure of my personal health information:

_____
_____
_____

_____ _____
Patients' Signature (or parent/guardian for minor) Date

Office use only

Complete if Acknowledgement Form is not signed:
Does patient have a copy of the Privacy Notice?

[ ] Yes [ ] No

Please explain why the patient was unable to sign an acknowledgement form and Towne Centre Family Dental and SmileMakeover Studio's efforts in trying to obtain the patient's signature:

_____
_____
_____