

**WALNUT WHITNEY DENTAL**

**Camelia O Cifor, DDS**

**HIPAA Privacy Notice**

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND DENTAL MATERIALS FACT SHEET**

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

I have received (or have been offered) a copy of the **Notice of PRIVACY PRACTICES AND DENTAL MATERIALS FACT SHEET** from **WALNUT WHITNEY DENTAL**

\_\_\_\_\_ (Please Print Name)

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date)

If this Acknowledgement is signed by a personal representative on behalf of the patient complete the following:

\_\_\_\_\_ (Personal Representative's Name)

\_\_\_\_\_ (Relationship to Patient)

**\*AUTHORIZATION\*** I authorize Walnut Whitney Dental to release my ☐ Dental diagnosis, ☐ Treatment, ☐ Billing/Account

Information to: \_\_\_\_\_ [name of person to release information]

**This authorization for release** of information covers the period of healthcare from: a. ☐ \_\_\_\_\_ to \_\_\_\_\_

**\*\*Or \*\*** b. ☐ all past, present, and future periods

\_\_\_\_\_ Date \_\_\_\_\_

Signature of patient or personal representative

I (Print Name) \_\_\_\_\_ consent to **Walnut Whitney Dental** using my home phone, cell phone and or email to: (Choose one or all)

☐ Call regarding my appointments, treatment, Insurance, and my account

☐ Text regarding my appointments, treatment, Insurance, and my account

☐ Email regarding my appointments, treatment, Insurance, and my account

I understand I can withdraw my consent at any time.

My home number is (include area code)

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Initials \_\_\_\_\_

My cell number is (include area code)

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Initials \_\_\_\_\_

My Email is (Please Print)

\_\_\_\_\_ Initials \_\_\_\_\_

**For Office Use Only**

We attempted to obtain written acknowledgment of receipt of our **Notice of Privacy Practices and Dental Materials Fact Sheet**, but the 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) \_\_\_\_\_