

**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

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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) \_\_\_\_\_