



# Mapledale Family Dentistry

general dentistry • periodontics • orthodontics • cosmetic dentistry

## Acknowledgement of Receipt of the Notice of Privacy Practices

**Purpose of Consent:** By signing this form, you will consent to our use and disclosure of your protected health information to carry our treatment, payment activities, and healthcare operations. You also acknowledge the receipt of the Notice of Privacy Practices.

**Notice of Privacy Practices:** You have the right to read our Notice of Privacy Practices before you decide whether to sign this Consent. We encourage you to read it carefully and completely before signing this Consent.

I, \_\_\_\_\_, have had a full opportunity to read and consider the contents of this Consent form and the office’s Notice of Privacy Practices. I understand that, by signing this Consent form, I am giving my consent to the office’s use and disclosure of my protected health information to carry out treatment, payment activities and health care operations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only

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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

Individual refused to sign.

Communication barriers prohibited obtaining the acknowledgment

An emergency situation prevented us from obtaining acknowledgement

Other (Please Specify)

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