

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

You May Refuse to Sign This Acknowledgement

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

Please Print Name

Signature

Date

**AUTHORIZATION TO RELEASE SPECIFIC PROTECTED
HEALTH INFORMATION**

Per your request we are allowed to fax orthodontic excuses to you school or business

Please 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 us from obtaining acknowledgment
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

