

Primera Dental
1045 Primera Blvd., Suite 1001, Lake Mary, FL 32746

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

Purpose: This form is used to obtain acknowledgment of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

"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 Information

Purpose: This form is used to obtain authorization to release information regarding yourself covered under the Privacy Act to people other than yourself.

I, _____, authorize the following person(s) to have access to information covered under the Privacy Practice regarding myself.

(Please print name)

Relationship

(Please print name)

Relationship

(Please print name)

Relationship

For Office Use Only

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

- individual refused to sign
- communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other(please specify)

