

John F. Robison, DMD, MAGD

ACKNOWLEDGEMENT OF RECEIPT/REVIEW OF NOTICE OF PRIVACY PRACTICES

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

I, _____, have received/reviewed a copy of this office's Notice of Privacy Practice. I give consent to disclose information necessary to carry out treatment, payment, or operations.

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 and must fill out a consent form each time information is required in regards to treatment, payment or operations
 - Communications barriers prohibited obtaining the acknowledgement
 - An emergency situation prevented us from obtaining acknowledgement
 - Other (Please Specify)
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