

Harley J. Williams, D.M.D.

Steven M. Williams, D.M.D.

Acknowledgment of Receipt of Notice of Privacy Practices

(You may refuse to sign this Acknowledgment)

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

At this time, I would like to authorize the disclosure and or release of my personal health information to:

Name and relationship to patient

Patient Signature or Representative Signature / (relationship)

Date

For Office Use Only

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

_____ Individual Refused _____ Emergency Situation _____ Communication barriers

_____ Other: _____