

ACKNOWLEDGMENT: RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received a copy of Pierson & Saunders Orthodontics Notice of Privacy Practices effective 04/11/2017

Name (please print): _____

Signature: _____

Date: _____

I am a parent or legal guardian of _____ (patient name). I have received a copy of Pierson & Saunders Orthodontics Notice of Privacy Practices effective 04/11/2017

Name (please print): _____

Relationship to Patient: Parent Legal Guardian

Signature: _____

Date: _____

PLEASE LIST OTHER PARTIES WITH WHOM PIERSON & SAUNDERS ORTHODONTICS CAN DISCUSS YOUR RECORDS AND FINANCIAL INFORMATION. (This includes parents, step parents, grandparents and any caretakers who can have access to this patient's records):

Name: _____ Relation to Patient: _____

Name: _____ Relation to Patient: _____

Name: _____ Relation to Patient: _____

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 obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other _____

Staff Name (please print): _____ Title: _____

Signature: _____ Date: _____