

Catherine S. Alley, D.D.S., M.S.

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)	(For minor child: Name of parent/guardian)
_____	_____
(Signature)	(For minor child: Signature of parent/guardian)
_____	_____
(Date)	(Date)

- May we remind you of your dental appointments? _____
- What phone number would you like us to use for confirmation? _____
- May we leave a message on your answering machine or voice mail? _____
- May we leave a message at your place of employment? _____
- May we remind you of the need to pre-medicate if necessary? _____

With whom may we share your dental health information? Please provide name(s) and phone number(s) on the following line(s).

Who may we contact in case of an emergency? Please provide a name and phone number.

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 barrier prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify): _____