

Acknowledgement of Receipt of Notice of Privacy Practices

Pickle Prosthodontics

You May Refuse to Sign This Acknowledgement

I have received a copy of this office's Notice of Privacy Practices.

Print Name: _____

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

Authorization to Release Information

I hereby authorize Pickle Prosthodontics to release and/or discuss information regarding my health, treatment, and/or account with the following individual(s):

1. Name: _____

Relationship: _____

2. Name: _____

Relationship: _____

3. Name: _____

Relationship: _____

4. No one: _____ (check here)

Signature: _____ Date: _____

This authorization will remain in effect until Pickle Prosthodontics is notified in writing of any changes.

For office Use Only

Individual refused to sign: _____

Witness Signature: _____