

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

 I have received a copy of this office’s Notice of Privacy Practices. I consent to allow the office of Dr. David J. Franz to use conventional means of email communication with any dentists/specialists regarding my treatment. I consent to the use of text messaging for post treatment inquiries if specifically requested by me. I understand that personal information such as address, social security number, and financial information will never be shared by the means above and will be protected using HIPAA compliant guidelines.

* Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date: \_\_\_/\_\_\_/\_\_\_

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**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 form

□ Communications barriers prohibited obtaining the acknowledgement

□ An emergency situation prevented us from obtaining acknowledgement

□ Other (please specify)

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