

Gorham Family Dentistry, PA

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

****You May Refuse to Sign This Acknowledgement****

I have reviewed a copy of Gorham Family Dentistry PA's Notice of Privacy Practices.

Patient's Name

I authorize Gorham Family Dentistry, PA to disclose my Personal Health Information to the following people:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Signed _____ 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 We because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify) _____