

Stanford Dental

Advanced Laser Technology

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 Practices.
(Print Name)

Signed (Patient or Parent of Minor)

Date

I authorize release of any information relating to this claim. I understand that I am responsible for all costs of treatment that insurance does not cover.

_____ Insurance Signature on File

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
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify) _____