

Coastal Periodontics & Implant Dentistry, P.C.

505-A Georgian Dr. Mobile, AL 36609

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

I, _____, have reviewed a copy of this office's Notice of Privacy Practices.
(Print Name)

(Signature)

(Date)

RELEASE OF INFORMATION

I authorize the release of information including the diagnosis, records and examinations rendered to me including claims information. This information may be released to:

Spouse _____ Child(ren) _____

Other _____

Information is not to be released to anyone.

THIS RELEASE WILL REMAIN IN EFFECT UNTIL TERMINATED BY ME IN WRITING

MESSAGES

Please call my home my work my cell number: _____

If unable to reach me:

you may leave a detailed message

please leave a message asking me to return your call

The best day to reach me is _____ between (time) _____

Signed: _____

Date: _____

Date of Birth: _____

Witness: _____

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 barriers prohibited obtaining the acknowledgement

An emergency situation prevented us from obtaining acknowledgement Other (Please Specify)