

HANOVER
8203 Center Path Ln
Mechanicsville, VA 23116



www.sparklepediatricdentistry.com • 804-746-7382

SHORT PUMP:
11934 W Broad St, Suite 120
Henrico, VA 23233

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Purpose: This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

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

Date: _____

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

Print Guardian's Name: _____

Print Patient's Name: _____

Guardian's Signature: _____

Authorization to Release Information

Purpose: This form is used to obtain authorization to release information regarding you covered under the Privacy Act to people other than yourself. I, _____ authorize the following person(s) to have access to information covered under the Privacy Practice regarding myself.

{Please Print Name} Relationship

{Please Print Name} Relationship

{Please Print Name} Relationship

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) _____