

Pamela Anzelc DDS

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
AND CONSENT FOR USE & DISCLOSURE OF HEALTH INFORMATION**

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

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

{Please Print Patient Name}

(Relationship to Patient)

{Signature}

(Date)

Furthermore, I consent to use and disclosure of my protected health information to carry out treatment, payment activities and healthcare operations.

{Signature}

(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 because:

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

