Coweta Dentistry, SDA

<u>Acknowledgement</u> of Receipt of Notice of Privacy Practices AND <u>Authorization</u> to Release Protected Health Information

You may Refuse to Sign this Acknowledgement

I,SDA's Notice of Priva	have received a copy of Coweta Dentistry, cy Practices and have had the opportunity to ask questions.		
	ey randices and an e rand are epperconney to use questions.		
	ontact you with any information provided to us on either the health history form or writing. Please initial your <u>preferred</u> means of communication and the information		
1 You may c	contact me at my home telephone number:		
2. You may c	ontact me via voice or text on my cell phone number:		
3 You may c	You may contact me on my work telephone number:		
	You may send me an unencrypted email at:		
5Other:			
Please list authorized persaddition to custodial pare	sons with whom we may discuss your Protected Health Information (PHI) in nts and legal guardians:		
1	Date Added:		
2	Date Added:		
I have received a copy of	Coweta Dentistry, SDA's Notice of Privacy Practices.		
Print Name:			
	Date:		
>>>>>>>>	>>>>>> For Office Use Only:		
We attempted to obtain written a because:	acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained		
Individual refused to sign			
Communication barriers prohibite	d us from obtaining acknowledgement.		
Other (PleaseSpecify)			

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