

## Acknowledgment of Receipt of Privacy Practice Notice

I, \_\_\_\_\_, have received a copy of Greater Annapolis Privacy Practice and Procedures.

\_\_\_\_\_ Written Copy

\_\_\_\_\_ Online Copy

In the event of an emergency I authorize the following to obtain my records.

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

---

Patient Printed Name

Signature

Date

It is completely your decision whether or not you sign this authorization form. We cannot refuse to treat you if you choose not to sign.

### For Office Use Only

Greater Annapolis Family Dental group attempted to obtain written acknowledgement of receipt of Notice of Privacy Practice, but acknowledgment could not be obtained because:

<input type="checkbox"/>	Individual refused to sign
<input type="checkbox"/>	Communication barriers prohibited the acknowledgment
<input type="checkbox"/>	An emergency situation prevented obtaining acknowledgment
<input type="checkbox"/>	Other (Please Specify)