

Pedodontic Associates, Inc.

*** You May Refuse to Sign This Acknowledgment***

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

Print Name of Patient: _____

Print Name of Parent/Guardian: _____

To confirm an appointment I would like to receive: ___ Text ___ Email

Cell phone number: Mom's cell (_____) Dad's cell (_____)

Email Address: _____

Caution: there is some level of risk that third parties might be able to read unencrypted emails.

Signature: _____

Date: _____

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

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

Received by: _____ Date: _____ Patient Acct #: _____