



Acknowledgement of Receipt of Notice of Privacy Practice

(You May Refuse to Sign This Acknowledgment)

I have received and read a copy of the Milde Family Orthodontics' Notice of Privacy Practices.

Print Name: _____

Signature: _____

Today's Date: _____

Phone/Email Correspondence:

I consent to the dental practice using my cell phone number or personal email (check the appropriate box below) to notify me regarding my orthodontic appointments, treatment, insurance, and/or my account. I understand that I can withdraw my consent at any time. _____(initials)

Cell Phone: _____ Email: _____

For Official 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)

