

Orthodontic Associates

Bruce J. Podhouser

Jameson L. Hardy

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

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

In addition you give us permission to leave detailed messages in regards to your child's treatment on the phone numbers and or e-mails you have provided.

If there is anyone else we can discuss treatment with Please list:

Patient Name: _____

Please print name: _____

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 acknowledgement

Other (please specify) _____