

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE

Section A: The Patient.

Name: _____

Address: _____

Telephone: _____ Email: _____

Patient ID#: _____ Social Security Number: _____

Section B: Acknowledgment of Receipt of Privacy Practices Notice.

I, _____, acknowledge that I have received a Notice of Privacy Practices from Burgess Orthodontics, Brandy L Burgess, DDS, MS. I authorize Burgess Orthodontics, Brandy L Burgess, DDS, MS to release information to any adult who attends an orthodontic appointment with a minor child (this is to include both parents, step parents, siblings, grandparents, family, friends, neighbors, etc.) I also wish to include any general dentist we list as a provider and/or oral surgeon/dental specialist we may use during orthodontic treatment.

Signature: _____ Date: _____

(If a personal representative (Parent/Legal Guardian) signs this authorization on behalf of a minor child, complete the following)

Personal Representative's Name: _____

Relationship to Patient: _____

Section C: Good Faith Effort to obtain Acknowledgment of Receipt.

Describe your good faith effort to obtain the individual's signature on this form:

Describe the reason the individual would not sign the form:

Signature:

I attest that the above information is correct.

Signature: _____ Date: _____

Print Name: _____ Title: _____

(This form must be included in the patient's individual record/chart) Updated: 11/22/15