

### ATLANTA DENTAL ARTS

#### SECTION A: The Patient.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Patient Number: \_\_\_\_\_ SSN: \_\_\_\_\_

#### SECTION B: Acknowledgement of Receipt of Privacy Practices Notice.

I, \_\_\_\_\_, acknowledge that I have received a Notice of Privacy Practices from the above- named practice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If a personal representative signs this authorization on behalf of the individual, complete the following:

Personal Representative's Name: \_\_\_\_\_

Relation to Individual: \_\_\_\_\_

#### SIGNATURE.

I attest that the above information is correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title \_\_\_\_\_

\*\*\*\*\*ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE\*\*\*\*\*