

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*****