

Signature Smiles Of Hunterdon

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Purpose: This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practice or to document our good faith effort to obtain that acknowledgement.

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

I \_\_\_\_\_ have received a copy of this office's Notice of Privacy Practices.

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

Sign: \_\_\_\_\_

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

Authorization to Release Information

Purpose: This form is used to obtain authorization to release information regarding you covered under the Privacy Act to people other than yourself. I, \_\_\_\_\_ authorize the following person(s) to have access to information covered under the Privacy Practice regarding myself.

\_\_\_\_\_  
{Please Print Name} Relationship

\_\_\_\_\_  
{Please Print Name} Relationship

\_\_\_\_\_  
{Please Print Name} Relationship

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:

- o Individual refused to sign
o Communications barriers prohibited obtaining the acknowledgement
o An emergency situation prevented us from obtaining acknowledgement
o Other (please specify) \_\_\_\_\_