1455 N. Michigan Ave, Suite 800
Howell, MI 48843
Phone: 517-546-9190
breasboisdentalgroup.com

Acknowledgment of Receipt of Notice of Privacy Practices

YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGMENT

I, ______________________, have received or have been given the right to review a copy of this office's Notice of Privacy Practices.

Signature of Patient or Guardian:_________________________ **Date:**_____________

I authorize the release of my complete health and dental records to name(s):

____

Relationship to Patient:_____________________________________

For Office Use Only:

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy practice, but acknowledgement could not be obtained due to the following:

- ❖ Individual Refused To Sign
- ❖ Communications Barrier Prevented Obtaining The Acknowledgment
- ❖ An Emergency Situation Prevented Us From Obtaining Acknowledgement
- ❖ Other: (Please Specify)_____________________________________