

Peninsula Dentistry and Orthodontics
19051 Goldenwest Street, Suite #108
Huntington Beach, CA 92648
714.374.8800

SECTION A: Patient Please Fill Out Section A and B only

Name: _____

Address: _____

Telephone: _____ Email: _____

Patient Number: _____ Social Security Number _____

SECTION B: Acknowledgement of Receipt of Privacy Practices Notice.

I, _____, acknowledge that I have received a Notice of Privacy Practices form 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: _____

Relationship to Individual: _____

SECTION C: Good Faith Effort to Obtain Acknowledgement of Receipt.

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

Describe the reason why the individual would not sign this form:

SIGNATURE:

I attest that the above information is correct.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Include this acknowledgement of receipt in the individuals records.

ACKNOWLEDGEMENT TO RECEIPT OF PRIVACY PRACTICE NOTICE.