

[Print Name] _____ [Date] _____

Acknowledgment of Receipt of Notice of Privacy Practices

****You May Refuse to Sign This Acknowledgment****

I have received a copy of Nathan Brott, DDS Notice of Privacy Practices

[Signature] _____

Material Data Fact Sheet

I have received a copy of the "The Facts About Fillings"

[Signature] _____

Medical and Dental Information Release

I authorize Nathan Brott, DDS to release confidential health and dental information about me to the below listed:

[Name of Authorized] _____

For Personal Representative Only

If this Acknowledgement is signed by a personal representative on behalf of the patient, complete the following:

Personal Representative's Name _____

Relationship to Patient _____

For Office Use Only - HIPPA

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign*
- Communications barriers prohibited obtaining the acknowledgment*
- An emergency situation prevented us from obtaining acknowledgment*
- Other (Please Specify)* _____