

Acknowledgment of Receipt

I acknowledge that I received a copy of Hiple Family Dentistry's Notice of Privacy Practices.

Patient _____

Signature _____ Date _____

Authorization to Discuss Your Information with Family or Caregivers

To comply with the new HIPAA Federal Privacy Regulations, we must receive your written approval to discuss your case with anyone else including family, children, caregivers, etc... By authorizing this, we will be able to, without requiring your presence, discuss your case, answer questions, leave detailed messages, and contact, in the event of an emergency, the person(s) listed below. If you would like us to answer questions or discuss your case with anyone other than yourself, you must include them below. This authorization is optional and can be withdrawn at any time by you.

Name: _____
Relationship: _____
Phone: _____

Name: _____
Relationship: _____
Phone: _____

Name: _____
Relationship: _____
Phone: _____

Name: _____
Relationship: _____
Phone: _____

Signature _____ Date _____