

BRIGGS FAMILY DENTISTRY
**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

I have been informed of the September 2013 Revision

I _____ have received/read a copy of this
Office's Notice of Privacy Practices.

I give the following permission to Briggs Family Dentistry:

I give this office permission to speak with: _____
regarding my account billing, dental health and/or treatment needs. (Excludes medical
providers)

I give this office permission to correspond via text and email:

Cell Number

Email Address

Signature of Patient

Printed Name of Patient

Date

Office Use Only

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

_____ Individual to sign

_____ Communication barriers prohibited obtaining the acknowledgement

_____ An emergency situation prevented us from obtaining acknowledgement