## Bridgepointe Family Dentistry ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

\*\*You May Refuse to Sign This Acknowledgement\*\*

	v Prac	ctices.		serrou a cop	0, 1,10	office's Not	CE OI
	.,	**************************************	N 18			59	
h.,		the second					
	{Plea	ase Print Name}					
	Service Art.						
	{Sign	nature}			34		
		W 45					
		B)					
	{Date}						
-		FOR	Office Us	e Only			
We at	tempt	ed to obtain written acknowledg	ement of r	receipt of our	Notice of	Privacy Pr	actices, bu
We at	tempte wledg	ed to obtain written acknowledgement could not be obtained be Individual refused to sign	ement of recause:	receipt of our	Notice of	Privacy Pr	actices, bu
We at	wieug	Individual refused to sign	cause:				actices, bu
We at		ement could not be obtained be	cause:	taining the ac	knowledo	gement	actices, bu
We at acknow		Individual refused to sign  Communications barriers pro	cause:	taining the ac	knowledo	gement	actices, bu
We at acknowledge		Individual refused to sign  Communications barriers pro  An emergency situation previous	cause:	taining the ac	knowledo	gement	actices, bu
We at acknowledge		Individual refused to sign  Communications barriers pro  An emergency situation previous	cause:	taining the ac	knowledo	gement	actices, bu
We at		Individual refused to sign  Communications barriers pro  An emergency situation previous	cause:	taining the ac	knowledo	gement	actices, bu
We at		Individual refused to sign  Communications barriers pro  An emergency situation previous	cause:	taining the ac	knowledo	gement	actices, bu
© 2002		Individual refused to sign  Communications barriers pro An emergency situation previous Other (Please Specify)	cause:	taining the ac	knowledo	gement	actices, bu

Reproduction and use of this form by dentists and their staff is permitted. Any other use, duplication or distribution of this form by any other party requires the prior written approval of the American Dental Association.

This Form is educational only, does not constitute legal advice, and covers only federal, not state, law (August 14, 2002).

## NOTICE OF PRIVACY PRACTICES AND DISCLOSURE ALLOWANCES

## Acknowledgement of Receipt

space

7 to 12		1297 1 200 120	
cknowledge that I was provided	with a copy of t	ne Notice of Privacy Pra	actices.
Na.			
ient Name (Please Print)	1000	Patient Signature	
completed by a national answer	-1 · · · · · · · · · · · · · · · · · · ·		
completed by a patient's person	ai representativ	e or parent, please pri below.	nt and sign your name in
rsonal Representative Name (Please Prin	i)	Personal Represent	ative's Signature
	1168	Relationship	
in the second in the second se	F 1.1	12:0	
I authorize the disclosure o	of my health and	financial information t	to the following family
l authorize the disclosure o members or personal repre	of my health and esentatives:	financial information	to the following family
members or personal repre	of my health and esentatives:	financial information	to the following family
members or personal repre	of my health and esentatives:	financial information	to the following family
members or personal repre	of my health and esentatives:	financial information (	to the following family
members or personal repre	esentatives:	financial information (	to the following family
members or personal repre	esentatives:		to the following family
members or personal repre	esentatives:	financial information t	to the following family
members or personal repre	esentatives:		to the following family
members or personal repre	esentatives:	Relationship	to the following family
Name	esentatives:		to the following family
nembers or personal repre	esentatives:	Relationship	to the following family
Name	esentatives:	Relationship Relationship	to the following family
Name	esentatives:	Relationship	to the following family
Name	esentatives:	Relationship Relationship	to the following family
Name Name	esentatives:	Relationship  Relationship	to the following family
Name	esentatives:	Relationship Relationship	to the following family
Name Name	esentatives:	Relationship  Relationship	to the following family
Name Name	esentatives:	Relationship  Relationship	to the following family
Name Name	esentatives:	Relationship  Relationship  Relationship	to the following family
Name  Name  Name	esentatives:	Relationship  Relationship	to the following family
Name  Name  Name	esentatives:	Relationship  Relationship  Relationship	to the following family
Name Name Name	esentatives:	Relationship  Relationship  Relationship	to the following family
Name  Name  Name	esentatives:	Relationship  Relationship  Relationship	to the following family
Name Name Name Name	esentatives:	Relationship  Relationship  Relationship  Relationship	
Name Name Name	esentatives:	Relationship  Relationship  Relationship  Relationship	
Name Name Name Name	esentatives:	Relationship  Relationship  Relationship  Relationship	entative's Signature