



## Acknowledgement of Receipt of Notice of Privacy Practices

I, \_\_\_\_\_ have received a copy of Daisy Pinero, DMD, PA's Notice of Privacy Practices and have had the opportunity to ask questions.

\* You May Refuse to Sign This Acknowledgment\*

### Please check your preferred means of communication:

- You may contact me at my home telephone number: \_\_\_\_\_
- You may contact me on my mobile telephone number: \_\_\_\_\_
- You may contact me on my work telephone number: \_\_\_\_\_
- You may send me an unencrypted email/text message at: \_\_\_\_\_
- Other \_\_\_\_\_

### Please list authorized persons with whom we may discuss your Protected Health Information (PHI) in addition to custodial parents and legal guardians:

1. \_\_\_\_\_ Date Added / Removed: \_\_\_\_\_
2. \_\_\_\_\_ Date Added / Removed: \_\_\_\_\_
3. \_\_\_\_\_ Date Added / Removed: \_\_\_\_\_

### I have received a copy of Daisy Pinero, DMD, PA's Notice of Privacy Practices.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### For Office Use Only:

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 acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify) \_\_\_\_\_