
Myrtle Beach Dental Associates
ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

You may Refuse to Sign This Acknowledgement

I, _____, have received a copy of this office's Notice of Privacy Practices. (Please Print Patient Name)

Signature of Patient or Guardian

Date

May we phone, email or send a text to a family member to assist in confirming appointments? Yes No

May we discuss your dental conditions/treatment with any member of your family? Yes No

May we discuss your financial account with any member of your family? Yes No

If YES, please list the name and relation of the members allowed:

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
- Other (Please Specify)

