

BRANDYWINE DENTAL GROUP, P.C.

SECTION A: The Patient

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Social Security Number: _____

SECTION B: Acknowledgement of Receipt of Privacy Practices Notice

I, _____, acknowledge that I have received a Notice of Privacy Practices from the above-named practice.

Signature: _____ Date: _____

If a personal representative signs this authorization on behalf of the individual, complete the following:

Personal Representative's Name: _____

Relationship to Individual: _____

SECTION C: Good Faith Effort to Obtain Acknowledgement of Receipt

Describe your good faith effort to obtain the individual's signature on this form: _____

Describe the reason why the individual would not sign this form: _____

SIGNATURE:

I attest that the above information is correct.

Signature: _____ Date: _____

Print name: _____ Title: _____

Include this acknowledgement of receipt in the individual's records.

**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY
PRACTICES NOTICE**

BRANDYWINE DENTAL GROUP, P.C.

I, _____, give permission for my personal information to be released in the following manner(s) by Brandywine Dental Group, P.C. and all doctors and/or staff associated with this entity.

Please check those below that apply:

- ☐ Speak with person whose name I have listed below concerning dental treatment performed on me

- ☐ Speak with the person whose name I have listed below concerning dental treatment that has been recommended for me

- ☐ Speak with the person whose name I have listed below concerning insurance and financials to do with my dental treatment

Signature: _____ Date: _____

As a courtesy our office confirms dental appointment by several different methods. Some of these methods include but are not limited to sending e-mails, mailing postcards, and calling the most current phone number that we have on file. One or more of these methods could result in your information being seen or heard by someone else. If you are alright with us continuing to confirm your dental appointments, please initial this page. If you are not alright with this, leave it blank and we will no longer confirm your appointments in any way. Initial here: _____

CONSENT FOR DISCLOSURE