

Acknowledgement of Receipt of Notice of Privacy Practices

**Brad R. Hobson, DDS, PLLC**

\* You May Refuse to Sign This Acknowledgment\*

\*To sign: you may either e-sign using a digital ID or you may sign this document in the office\*

**I have received a copy of this office's Notice of Privacy Practices.**

Print

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

Signature: Relationship to patient:    Self,    Parent,    Care giver,    Legal Guardian

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

To confirm appointments with text or e-mail, please fill out the information below.

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

Cell: (    ) \_\_\_\_\_

E-mail: \_\_\_\_\_

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

I do not want to receive appointment confirmation by text or e-mail.

We may contact you by telephone at any telephone number given, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or e-mails using any email address you provide to us. Methods of contact may include using prerecorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

### For Office Use Only

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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)
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