

Northern Lakes Dental, Ltd.

**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.**

In general, the HIPPA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

*** I wish to be contacted in the following manner:**

Home Telephone

OK to leave message

Leave call-back number ONLY

Work Telephone

OK to leave message

Leave call-back number ONLY

Other _____

E-mail Address: _____

OK to send messages

Cell Phone: _____

OK to send text messages

*** I give Northern Lakes Dental permission to mail recall post cards to me. Yes or No**

Signature/Parent Signature

Date