

* You May Refuse to Sign This Acknowledgment*

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

I give permission to Dental Wellness and Health and staff to discuss any medical/ dental related information including appointments and premedication protocol with:

Date: _____ Print Name: _____

Signature: _____

In case you are unable to sign digitally, please check the box below:

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above information.

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)

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