



**Robert E.
Tanner, DDS**

THE DENTAL PRACTICE OF ROBERT E. TANNER, DDS

Notice of Privacy Practices

SECTION A: THE PATIENT

Acknowledgement of Receipt of Notice of Privacy Practices.

I, _____, acknowledge that I have received
Print Patient's Name

a Notice of Privacy Practice from the above-named practices.

Signature: _____ Date: _____
Patient or Personal Representative

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

Personal Representative's Name: _____
Print Name

Relationship to the Individual: _____

ADDITIONAL DISCLOSURE AUTHORITY

In addition to the allowable disclosures described in the Statement of Privacy Practices, I hereby specifically authorize disclosure of my protected health care information to the persons indicated below.

ANY MEMBER OF MY IMMEDIATE FAMILY

YES

NO

SPOUSE ONLY

YES

NO

OTHER:

YES

NO

SECTION B: STAFF USE ONLY

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:

I attest that the above information is correct.

Signature: _____ Date: _____
Signature of staff member

Print Name: _____ Title: _____

This acknowledgment of receipt will be kept in the individual's patient record.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES