

# Calderon Dental Care

1221 Sunrise Hwy.  
Bay Shore, NY 11706  
(631) 666-1392

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY POLICIES AND CONSENT FOR DISCLOSURE FOR TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS

### ACKNOWLEDGEMENT AND CONSENT

By signing below, I hereby acknowledge that I have been provided with a copy of this office's Notice of Privacy Practices and have therefore been advised of how my protected health information may be used and disclosed by the office and how I may obtain access and disclosure of my health information for treatment purposes, including the sending of postcards and/or letters to my home to remind me of the need to set up an appointment for specified treatment, payment activities and healthcare operations of the office as described in the Notice.

X

\_\_\_\_\_  
**Signature** of the Patient or Personal Representative

X

\_\_\_\_\_  
**Print Name** of Patient or Personal Representative (including description of legal authority)

\_\_\_\_\_  
Date

I have received a copy of this office's  
Notice of Privacy Practices  
(Sign Below if you would like a Copy)

\_\_\_\_\_  
Print Name                      Signature                      Date

#### -----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 refuses to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify) \_\_\_\_\_