

**ACKNOWLEDGEMENT OF RECEIPT OF
BARTH FAMILY DENTISTRY'S NOTICE OF PRIVACY PRACTICES**

You may refuse to sign this acknowledgement. However refusal to sign will not change the policies of this office.

I, the patient or legal guardian, have received a copy or have been given the opportunity to receive a copy of BARTH FAMILY DENTISTRY, PSC's Notice of Privacy Practices. I am also aware that any amendments will be posted in the Privacy Policy Folder located in the lobby of Barth Family Dentistry, which is my responsibility to read and make myself aware of any amendments or updates.

I understand that when legally, medically, dentally, and/or financially necessary to treat and/or conduct business, that all personal information which includes but is not limited to; financial, insurance, medical, dental, and/or personal issues that are related to my care will be shared with:

- 1). **Head of Household, the person(s) who holds insurance coverage on the patient. Or person(s) responsible for paying the bill.**
- 2). **A third-party responsible for paying the bill.**
- 3). **Your listed emergency contact.**
- 4). **Your insurance company**
- 5). **Consulting Doctors**
- 6). **Law Enforcement as warranted.**
- 7). **Collection Agency, Attorney, Court System as warranted.**

Please give phone numbers below that you give permission for Barth Family Dentistry to leave detailed personal dental, health, financial and etc. messages on:

Cell Phone Voice Mail # _____ Home Answering Machine # _____

Work Voice Mail # _____ Other Phone #s _____

Please list below any additional person(s) that we MAY discuss detailed personal dental, health, financial and etc. messages with:

Full Name: _____ Relationship to Patient: _____ Phone #: _____

Full Name: _____ Relationship to Patient: _____ Phone #: _____

Full Name: _____ Relationship to Patient: _____ Phone #: _____

Patient/Legal Guardian Signature **Date**

Witness **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 refused to sign* *Communication barriers prohibited obtaining the acknowledgement*
 An emergency situation prevented us from obtaining acknowledgement *Other (Please Specify)*

Comments : _____

Employee's Signature: _____ **Date:** _____