

Summit Oral & Maxillofacial Surgery

Acknowledgement of Receipt Of Notice of Privacy Practices

You may refuse to Sign This Acknowledgement

I, _____ have received a copy of Summit Oral & Maxillofacial Surgery Notice of Privacy Practices.

Please Print Name

Signature/Date

May we leave messages on your answering machine/voice mail? Yes _____ No _____
HIPAA requires permission to leave messages on an answering machine/voicemail (45 CFR 164.502[a][1][i]).

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)
- _____

PERSONAL REPRESENTATIVE AUTHORIZATION FOR INFORMATION RELEASE

Please list below anyone that you will allow us to discuss this account with and their relationship to you:

- 1) _____
- 2) _____
- 3) _____