



FAMILY & COSMETIC DENTISTRY, PC

Florica Ardelean DDS  
Daniel Ardelean DDS

## ACKNOWLEDGE OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**\*\*You May Refuse to Sign This Acknowledgement\*\***

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices, have read them, and fully agree to comply with them.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Signature of Parent/Responsible Party (please indicate relationship to patient)

\_\_\_\_\_  
Date

### ACCESS TO PRIVATE HEALTH INFORMATION

I, \_\_\_\_\_, authorize the staff of Ardelean Family & Cosmetic Dentistry, PC to release Private Health information to the following family member(s)/friend(s):

\_\_\_\_\_  
Relationship of above:

I authorize Ardelean Family & Cosmetic Dentistry, PC to contact me concerning Private Health Information through:

Home/Cell/Voice mail Phone#: \_\_\_\_\_ Leave a message: **Yes/No** (please circle one)

Workplace/voice mail#: \_\_\_\_\_ Leave a message: **Yes/No** (please circle one)

### ***Refusal of Acknowledgement of Notice of Privacy Practices***

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because patient has refused to sign.

I, \_\_\_\_\_, have refused to sign the Privacy Notice presented to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date