

# **OAK LEAF DENTAL**

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## **HIPAA Privacy Notice**

### **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

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

I have received a copy of the **Notice of PRIVACY PRACTICES** from **OAK LEAF DENTAL**

\_\_\_\_\_ (Please Print Name)

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date)

If this Acknowledgement is signed by a personal representative on behalf of the patient complete the following:

\_\_\_\_\_ (Personal Representative's Name)

\_\_\_\_\_ (Relationship to Patient)

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I (Print Name) \_\_\_\_\_ consent to **Oak Leaf Dental** using my home phone, cell phone and or email to:

(Choose one or all)

- Call regarding my appointments, treatment, Insurance, and my account
- Text regarding my appointments, treatment, Insurance, and my account
- Email regarding my appointments, treatment, Insurance, and my account

I understand I can withdraw my consent at any time.

My home number is (include area code)

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Initials \_\_\_\_\_

My cell number is (include area code)

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Initials \_\_\_\_\_

My Email is (Please Print)

\_\_\_\_\_ Initials \_\_\_\_\_

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### **For Office Use Only**

We attempted to obtain written acknowledgment of receipt of our **Notice of Privacy Practices**, but the acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)