1436 S Edgewater Circle
Nampa, ID 83686
Phone: 208-463-9600
Fax: 208-461-3156

Edgewater Dental

ACKNOWLEDGEMENT OF RECEIPT FOR THE NOTICE OF PRIVACY PRACTICES

Notice to Patient:

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice. You may refuse to sign this acknowledgement, if you wish.

I acknowledge that I have received a copy of this office's Notice of Privacy Practices.

Please print your name here

Signature

Date

I allow any records and/or information to be disclosed or released to:

_____Another dental professional

_____Another medical professional

_____Other (family, friends, guardian, step-parents, grandparent, babysitter…)

PHOTO RELEASE

I hereby allow Edgewater Dental to post a photo in office to congratulate either myself or my child for completed treatment or cavity free status.

Signature

Date

FOR OFFICE USE ONLY

We have made every effort to obtain written acknowledgement of receipt of our Notice of Privacy from this patient but it could not be obtained because:

_____The Patient refused to sign.

_____Due to an emergency situation it was not possible to obtain an acknowledgement.

_____We were not able to communicate with the patient.

_____Other (Please provide specific details)