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ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgment

The undersigned acknowledges receipt of a copy of the currently effective Notice of Privacy Practices for _____ this _____ day of _____, 20____. A copy of this signed, dated Acknowledgment shall be as effective as the original.

Please print your name

Please sign your name

If you are the legal representative of the patient, please print the patients' name(s) and describe your authority_____.

Thank you and if you have any questions about this form or the attached Notice, please contact our privacy officer Aime.

Office Use Only

As privacy officer, I attempted to obtain the patient's (or representatives') signature on this Acknowledgment but did not because:

- It was an emergency treatment
- I could not communicate with the patient
- The patient refused to sign
- The patient was unable to sign because:_____
- Other_____

Signature of privacy officer_____