# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND CONSENT

I have received a copy of and have read Midwest Dental's *Notice of Privacy Practices*. I understand that this document provides an explanation of the ways in which my protected health information may be used or disclosed by Midwest Dental and of my rights with respect to my protected health information.

I am giving my consent to use and disclose of my protected health information to carry out treatment, payment activities, and health care operations *(without signature, we may decline to treat you)*.

We may use professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person acting on your behalf to pick up items that contain PHI. I am giving consent to disclose of my patient care records and protected health information to the following person(s), including those involved in my care or payment for that care:

_____ _____

_____ _____

Right to Revoke: This consent is effective until revoked by you. You may revoke this consent at any time by giving written notice of revocation to the office. Revocation of this consent will not affect any action we took in reliance on this authorization before we received your written notice of revocation.

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|---|---|
| *Patient Name* | *Patient Signature* |

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|---|---|---|
| *Signature of Patient's Representative if Patient is unable to sign* | *Relationship* | *Date* |

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**To be completed by Midwest Dental personnel if form is not signed:**

1. Was the patient provided with a copy of the Notice of Privacy Practices?
   ☐ Yes ☐ No

2. Briefly describe the efforts made to obtain the patient's acknowledgement of receipt of the Notice, and explain why the patient was unable or unwilling to sign this form:

   ☐ Individual refused to sign
   ☐ Communications barriers prohibited obtaining the acknowledgement
   ☐ An emergency situation prevented us from obtaining acknowledgement
   ☐ Other (please specify): _____