Erin N. Bromley, DDS
Aime Broyles, DDS

Acknowledgement of Receipt of Notice of Privacy Practices

Name:_____
Address:_____
Date of Birth: ____/_____/_____
By signing below, I am acknowledging that:

I am either the patient or the patient's personal representative;
I have received a copy of the "Notice of Privacy Practices" for Erin N. Bromley, DDS dental office;
I understand that I may contact the person named in the Notice if I have questions about the content of the Notice.

_____ _____
Signature of patient or parent/legal guardian/legally responsible person Date

_____
Description of relationship to patient

Please list any individuals with whom we may share your protected health information:

Name(s):_____ Relationship:_____

_____ _____

_____ _____

_____ _____

TO BE COMPLETED BY STAFF

Complete all applicable parts

Part 1. Complete if signature requested but not obtained:

Staff member sought but was unable to obtain an acknowledgement from the patient or the patient's personal representative for the following reason:

_____ Patient/personal representative refused to sign form

_____ Other _____

Part 2. Complete if Part 1 completed:

_____ _____

Signature of staff member Date