

RLJ DENTAL, S.C.

Acknowledgement of Receipt of Notice of Privacy Practices (Third Party Authorization on Information)

I (We), _____

Acknowledge that I (we) have been informed of or have received a copy of this office's notice of privacy practices. This also includes Wisconsin's Consent law to HIPAA.

I also request that information regarding my account, proposed treatment, treatment and care may be discussed with the following individual(s). I may rescind this at any time, by filling out a new form.

_____ No other individual

_____, _____
Name Relationship

_____, _____
Name Relationship

_____, _____
Name Relationship

Signature: _____ Date: _____

(For Office Use Only)

We attempted to obtain written acknowledgement of receipt of our notice of privacy practices, but acknowledgement could not be obtained because:

_____ Individual refused to sign

_____ Communication barriers prohibited obtaining acknowledgement

_____ An emergency situation prevented us from obtaining signature

_____ Other (please specify)

