

*Buffalo Prairie Dental LLC*

---

**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

I, \_\_\_\_\_ have received a copy of  
(Please PRINT Responsible Party)  
This office's "Notice of Privacy Practices".  
Date: \_\_\_\_\_

\_\_\_\_\_  
(Please PRINT Patients name if different from above)

\_\_\_\_\_  
(Signature of Responsible Party)

Our office calls to confirm appointments and to check on the patient following a procedure. Is it OK to leave information on an answering machine?

\_\_\_\_ YES      \_\_\_\_ NO

Medical/Billing Information (Please check one)

\_\_\_\_ Can release information to any family member and/or friends.

\_\_\_\_ Can release information only to designated person(s) listed

below

\_\_\_\_\_ relationship \_\_\_\_\_

\_\_\_\_\_ relationship \_\_\_\_\_

\_\_\_\_\_ relationship \_\_\_\_\_

\_\_\_\_\_ Do Not release information to anyone other than self, except for matters relating to treatment, payment or operations (examples: communications with other offices/doctors regarding your treatment plan/health, filing of you insurance/collections or standard operations of Buffalo Prairie Dental LLC).

---

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 the acknowledgement.
  - \_\_\_\_\_ An emergency situation prevented us from obtaining acknowledgement.
  - \_\_\_\_\_ Other (Please Specify) \_\_\_\_\_
- 

Assistant \_\_\_\_\_ Date \_\_\_\_\_