ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

I, _____ , have received a copy of this office's Notice of Privacy Practices.

_____
Signature

_____
Date

TO DISCLOSE PRIVATE INFORMATION TO PERSONS OTHER THAN THE PATIENT:

I, _____, give permission to Dallas Esthetics to discuss my patient and account information with the following:

_____ _____
Name Relationship

_____ _____
Name Relationship

Signature _____

Date _____

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
❒ Communications barriers prohibited obtaining the acknowledgement
❒ An emergency situation prevented us from obtaining acknowledgement
❒ Other (Specify Below)

_____
_____
_____