



HIPPA-ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient Name: _____

I, _____ (print name), have been presented with the Notice of Privacy Practices of Bradley S. Hall, DDS, MS, LLC, and have been offered a copy of such policy to keep for my records.

By signing this document I acknowledge that I have been offered a copy of the Notice of Privacy Practices.

Signature

Date

PRIVACY PERMISSIONS *(Initial all that apply and complete where necessary)*

Due to privacy laws, if people accompanying you or your child are not listed no information, including appointments will be given out.

You may call and leave only a call back message with the following persons or numbers.

You may call and leave a detailed message with the following persons or numbers.

You may use email to correspond with our other health care professionals. I give permission to email xrays, updates, and requested treatment procedures (usually with your dentist)

Please allow the following persons to obtain school permission slips or discuss orthodontic treatment

I DO NOT want any information regarding myself/my child to be shared with the following person/people:

