Gabet Family Dentistry

Notice Hippa Acknowledgement

Purpose: This form is used to confirm that an individual is aware of Gabet Family Dentistry's Notice of Privacy Practices.

I, _____have been given the opportunity to either receive or deny Gabet Family Dentistry's policy on their privacy laws. I have also had full opportunity to ask any questions regarding the laws.

Signature: _____ Date: _____

If a guardian/personal representative on behalf of the individual signs this authorization, complete the following.

The individual's information that can be released to the guardian/personal representative.

Guardian/Personal representative's Printed Name: _____

Address: _____

_____

_____

Phone#_____

Signature_____

Relationship_____

DO WE HAVE YOUR PERMISSION TO?

Leave a message on your answering machine at home?
YES_____NO_____
Leave a message at your place of employment? YES_____ NO_____
Discuss your dental information with anyone? YES_____ NO_____

If yes whom?
Name_____Relationship_____

Name_____Relationship_____