

NORTHWEST ORAL AND MAXILLOFACIAL SURGERY

PRIVACY NOTICE ACKNOWLEDGEMENT

To Our Patients:

Federal law requires that we provide you with a copy of our Privacy Notice.

The Privacy Notice explains how we use and disclose health information about you. We ask that you sign this form for our records so that we may document your receipt of the Notice.

If you have any questions about the Privacy Notice, please feel free to direct these to our Privacy Officer at any time.

Patient Name: _____ Date of Birth: _____

I have received a copy of the Privacy Notice for this organization on today's date.

Signed: _____ Date: _____

Please list the name and relationship of person(s) whom information may be discussed or released to:

Name: _____

Name: _____

The Privacy Notice was provided to

Patient Name: _____ Date: _____

The patient was **unable** to acknowledge receipt of the Privacy Notice for the following reason:
