

PALM CITY DENTISTRY

Rene Aviles, DMD, PA

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

I _____ Self or Legal Guardian of _____

have read or received (If requested) a copy of this office's Notice of Privacy Practice.

Signature: _____ Date: _____

**YOU ARE AUTHORIZING OUR OFFICE STAFF TO DISCUSS ANY AND ALL INFORMATION ABOUT YOUR
ACCOUNT OR TREATMENT WITH THE FOLLOWING PERSON(S).**

NAME: _____ PHONE#: _____ RELATION: _____

NAME: _____ PHONE#: _____ RELATION: _____

NAME: _____ PHONE#: _____ RELATION: _____

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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)

