

Beattie Family Dental

* You May Refuse to Sign This Acknowledgment*

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

Print Name: _____

Signature: _____

Date: _____

I agree that the dental practice may communicate with me electronically at the email address below. Beattie Family Dental values your privacy and will not sell or release your e-mail outside our office. Your e-mail will only be used to communicate our office related information to you. You can request to be removed from the e-mail list at any time.

Email Address (PLEASE PRINT CLEARLY): _____ @ _____

Patient Signature: _____

Date: _____

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)

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