



Drake Dental

Family and Cosmetic Dentistry

465 S. Drake Rd., Kalamazoo, MI 49009 (269) 844-7222

Acknowledgement of receipt of Notice of Privacy Practices

You may refuse to sign the acknowledgment

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

Name: _____

Signature: _____

Date: _____

Release of Information

I, _____ authorize the release of information including the diagnosis, records: examination rendered to me and all financial and insurance claims information.

This information may be released to:

Spouse _____

Child(ren) _____

Other _____

Information is not to be released to anyone.

This **Release of Information** will remain in effect until terminated in writing.

For Office Use Only

We attempted to obtain acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

Individual refused to sign

Communication barriers prohibited obtaining the acknowledgment

An emergency situation prevented us from obtaining acknowledgment

Other (Please specify below)