

Red Oak Dentistry

2605 Blue Ridge Road, suite 200, Raleigh, NC 27607
Phone: (919)781-8984 | Fax: (919)571-9543

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

Patient's Name: _____

Signature: _____

Date: _____

May we contact you by email? Yes _____ No _____

May we call to confirm appointments? Yes _____ No _____

May we send postcard communications for appointments?
Yes _____ No _____

May we share your information with family members?

Patient Signature: _____ Date signed: _____

FOR OFFICE USE ONLY

We attempted to obtain written 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)