

**PATIENT'S ACKNOWLEDGEMENT OF RECEIPT NOTICE OF PRIVACY RULES**

I, \_\_\_\_\_, have received a copy of the **Notice of Privacy Practices** of the office of **PRAIRIE MEADOWS DENTAL OFFICE**

**OPTING OUT**

\_\_\_\_\_ I **DO NOT** want appointment reminder messages left on my **HOME** answering machine.

\_\_\_\_\_ I **DO NOT** want appointment reminder messages left on my **OFFICE** voice mail system.

\_\_\_\_\_ I **DO NOT** want appointment reminder messages left on my **CELL PHONE** voice mail.

\_\_\_\_\_ I **DO NOT** want to receive appointment reminders via **E-MAIL**

\_\_\_\_\_ I **DO NOT** want to receive appointment reminders on my cell phone via **TEXT MESSAGE**

\_\_\_\_\_ I do not wish my protected health care information to be released to the following person(s)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Please print your name \_\_\_\_\_

Please sign and date \_\_\_\_\_

\_\_\_\_\_ I decline to sign the acknowledgement.

\_\_\_\_\_ I **DO NOT** want to receive any appointment reminders. I understand that the office will charge me should I fail to keep my appointment.

**Office Use Only**

The office was unable to obtain a signed Acknowledgement form from the above patient for the following reasons: