

Laden & Batra Dentistry

Your Privacy is Important to Us

Acknowledgement of Receipt of Notice of Privacy Policies

I reviewed the Notice of Privacy Practices at Laden & Batra Dentistry.

I hereby authorize, as indicated by my signature below, Laden & Batra Dentistry to use and disclose my protected health information for any necessary clinical, financial and insurance purposes, as authorized in the Patient Consent Form.

_____	_____
Printed Name	_____
	Address
_____	_____
Signature	Date

Please check your preferred means of communication:

You may contact me on my home telephone number _____

You may contact me on my mobile telephone number _____

You may contact me on my work telephone number _____

You may send me an email at _____

Other _____

Please list authorized persons with whom we may discuss your Protected Health Information (PHI).

Please notify us if you desire to remove any name from this list in the future.

_____	_____	_____	Added/ Removed (Circle above)
Name	Relationship	Date	
_____	_____	_____	Added/ Removed (Circle above)
Name	Relationship	Date	
_____	_____	_____	Added/ Removed (Circle above)
Name	Relationship	Date	