Dental ● 8409 SW 80TH ST, STE 8, OCALA FL 34481 ● PH: 352 306 0062 ● FAX: 855 685 5478

Acknowledgement of Receipt of Notice of Privacy Practices

Your Privacy Is Important To Us

I have received a copy of the Notice of Privacy Practices of VIPcare Dental, PLLC. I hereby authorize, as indicated by my signature below, VIPCare Dental, PLLC to sue and to disclose my protected health information for any necessary clinical, financial, or insurance purpose, as authorized in the Patient Consent form.

____________________________________ ____________________________________

Printed Name Address

____________________________________ ____________________________________

Signature of Patient / Legal Guardian Date

Please check your preferred means of communications:

- ☐ You may contact me at 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 unencrypted email/text message at: ____________________________
- ☐ Other: ____

Please list authorized persons with whom we may discuss your Protected Health Information (PHI) in addition to custodial parents and legal guardians:

1. ______________________________ Date Added / Removed ______________
2. ______________________________ Date Added / Removed ______________
3. ______________________________ Date Added / Removed ______________
4. ______________________________ Date Added / Removed ______________
5. ______________________________ Date Added / Removed ______________

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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
- ☐ Communication barriers prohibited obtaining the acknowledgment
- ☐ An emergency situation prevent us from obtaining the acknowledgement
- ☐ Other (Please Specify): ______________________________

Staff Person Initials: ____________