



**ACKNOWLEDGEMENT OF RECEIPT**

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**Notice of Privacy Practices**

I, \_\_\_\_\_, have received a copy of this office’s Notice of Privacy Practices.

\*Per HIPAA Rules you may refuse to sign this HIPAA portion of the acknowledgment form\*

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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**Scheduling and Financial Policies**

I have read, understood and accept the terms of the outlined policies for insurance handling and financial commitments that I may incur as a result of treatment at Shorey Dentistry. I am fully aware that I am the final responsible party for these commitments. I am also aware that any cancellations or reschedules made within 48 hours of the appointment time will result in a \$40 cancellation charge.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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**Acknowledgment & Authority**

I, \_\_\_\_\_, Consent to treatment as necessary or desirable to the care of the patient named above, including but not restricted to whatever drugs, medicine, performance or operations and conduct of laboratory, x-ray or other studies that may be used by the attending doctor or other qualified designate. I am also fully aware of the possibility of infections, swelling and paresthesia occurring when any surgical procedures such as extractions of teeth, apical surgery, etc. are involved.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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**\*\*For Office Use Only\*\***

We attempted to obtain written Acknowledgment of Receipt of Notice of Privacy Practices, but acknowledgment could not be acquired because:

- Individual refused to sign
- Communications barriers prohibited obtaining acknowledgment
- Other (please specify)