



PRIVACY PRACTICES STATEMENT: **Acknowledgement of Receipt**

Patient Name: (PRINT PLEASE) _____

Email Address: _____

I, _____, acknowledge that I have been offered a copy of the Notice of Privacy Statement from Reyes Dental Group, and any questions I had, have been answered by the office staff.

My Rights:

I understand I do not have to sign this authorization in order to receive health care benefits, (treatment, payment or enrollment).

I may revoke this authorization in writing. If I did, it would not affect any actions already taken by Reyes Dental Group based on this authorization. I may not be able to revoke this authorization if its purpose was to obtain insurance. Two ways to revoke this authorization are to fill out a revocation form, or to write a letter to the office.

Signature: _____ **Date** _____

You may disclose my health information to:

Name: _____ **Phone:** _____

Patient or legally authorized individual signature **Date**