Elizabeth H. Cordes, DDS, PA

Acknowledgement of Receipt of Notice of Privacy Practices

☞ You may refuse to sign this acknowledgement ☜

I, _____ , have received a copy of the document entitled "Notice of Privacy Practices."

_____
Please Print Full Name

_____
Signature

_____
Date

Authorization to Share Private Information

I hereby give my permission for Elizabeth H. Cordes, DDS, PA DBA "Oriental Dental" to share information related to my treatment with the following individual(s):

_____

_____

_____ _____
Signature Date

For Office Use Only

We attempted to obtain written acknowledgement of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- ❑ Individual refused to sign
- ❑ Communications barriers prohibited obtaining the acknowledgement
- ❑ An emergency situation prevented us from obtaining acknowledgement
- ❑ Other (please specify):

_____

_____

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