DENVER
FAMILY DENTISTRY

Acknowledgement of Receipt of Notice of Privacy Practices

Denver Family Dentistry
2030 S. Federal Blvd.
Denver, CO 80219
303.936.8204

I have received a copy of the Notice of Privacy Practices for the above named practice.

_____ _____
Signature Date

Release of Information Authorization for Family and Friends

Denver Family Dentistry is authorized to release protected health information about the above named patient to the entities named below. The purpose is to inform the patient or others in keeping with the patient's instructions.

Entity to Receive Information: Check each person/entity that you Approve to receive information	**Description of Information to be Released** Check each that can be given to person/entity on the left in the same section
☐ Spouse Name:_____	☐ Family Billing Information ☐ Medical
☐ Parent Name: _____	☐ Family Billing Information ☐ Medical
☐ Other Name: _____	☐ Family Billing Information ☐ Medical

Rights of the Patient. I understand that I can revoke this authorization at any time and that I have the right to inspect or copy the protected health information to be disclosed as described in this document by sending a written notification to Gateway Dental. I understand that a revocation is not effective in cases where the information has already been disclosed but will be effective going forward. I understand that information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal of state law. I understand that I have the right to refuse to sign this authorization and that my treatment will not be conditioned on signing. This authorization shall be in effect until revoked by the patient.

_____ _____
Signature Date

FOR OFFICE USE ONLY

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:
☐ An emergency existed & a signature was not possible at the time.
☐ The individual refused to sign
☐ Unable to communicate with the patient for the following reason:

_____

Prepared By: _____ Date: _____