



GERIATRIC DENTAL GROUP

A CHARITABLE NON PROFIT ORGANIZATION

# GERIATRIC DENTAL GROUP PRIVACY NOTICE ACKNOWLEDGEMENT

To Our Patients:

Federal law requires that we provide you with our Privacy Notice.

The Privacy Notice explains how we may use and disclose health information about you. We ask that you sign this form for our records so that we may document your receipt of the Notice.

If you have any questions about the privacy notice, please feel free to direct these to our front desk.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### PATIENT TO COMPLETE THIS SECTION

I have received the Privacy Notice for this organization on today's date.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### IF PATIENT IS UNABLE TO ACKNOWLEDGE RECEIPT, STAFF MEMBER PROVIDING NOTICE TO COMPLETE THIS SECTION

The Privacy Notice was provided to

Patient Name: \_\_\_\_\_ Date : \_\_\_\_\_

The patient was unable to acknowledge receipt of Privacy Notice for the following reasons:

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Signed: \_\_\_\_\_