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J. KENT HERNDON, D.D.S

DARREN B. CROSBIE, D.D.S

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**\*\*You may refuse to sign this acknowledgement\*\***

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\_\_\_\_\_ has received a copy of this office's Notice of Privacy Practices.  
(print your name)

\_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

I Do  Do not  authorize you to give my dental information to my family members. \_\_\_\_\_  
(initial here)

**CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION**  
(Only complete if we are filing your insurance)

**Purpose of Consent:** By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

**Notice of Privacy Practices:** You have the right to read our Notice of Privacy Practices before you decide whether to sign this Consent. Our Notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your protected health information and of other important matters about your protected health information. A copy of our Notice accompanies this Consent. We encourage you to read it carefully and completely before signing this Consent.

**Right to Revoke:** You will have the right to revoke this Consent at any time by giving us written notice of your revocation as submitted to the Contact Person listed. Please understand that revocation of this Consent will not affect any action we took in reliance on this Consent before we received your revocation and that we may decline to treat you or to continue to treat you if you revoke this Consent.

I have had full opportunity to read and consider the contents of this Consent form and your Notice of Privacy Practices. I understand that by signing this Consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities, and healthcare operations.

\_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

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For Office Use Only

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

Individual refused to sign

Communication barriers prohibited obtaining the acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Other (Please Specify):