DESERT BLOOM DENTISTRY

Shawn B. Layton, DMD
Steven M. Cooper, DMD

928-428-1617
1475 S. 20th Avenue | Safford, AZ 85546

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

Patient Name _____

I, _____, have received a copy of this office's *Notice of Privacy Practices* ("Notice"), which describes how my health information is used and shared. I understand that Desert Bloom Dentistry has the right to change this Notice at any time. I may obtain a current copy of this notice by contacting Desert Bloom Dentistry.

I authorize Desert Bloom Dentistry to discuss treatment and payment information: Please list individuals and relationship to patient:

_____

_____

_____

Patient Phone: _____ Text? ❒ Yes ❒ No

Email Address: _____

I understand Desert Bloom Dental will attempt to contact me at the contact information provided above, including leaving phone messages of appointment reminders.

My signature below acknowledges that I have been provided with a copy, or have been offered a copy, of the Notice of Privacy Practices. ***You may refuse to sign this acknowledgement.* ****

_____ _____

Print Name Date

_____

Signature

DESERT BLOOM
DENTISTRY

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FOR OFFICE USE ONLY

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

- ❒ Patient refused to sign
- ❒ Communication barriers prohibited obtaining the acknowledgement
- ❒ An emergency situation prevented us from obtaining acknowledgement
- ❒ Other (please specify)