Holly Tree Dental
171 Rockland Street
Hanover MA 02339
(781)826-8331
www.hollytreedental.com

Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name:* _____ * _____ _____ _____
Last First MI Preferred Name

I have received a copy of the Notice of Privacy Practices of Holly Tree Dental. I hereby authorize, as indicated by my signature below, to use and to disclose my protected health information for any necessary clinical, financial, and insurance purpose, as authorized in the Patient Consent form.

I understand that messages may be left on my voicemail or answering machine unless otherwise requested.

Please list authorized persons (Name/Relationship) with whom we may discuss your Protected Health Information (PHI) in addition to custodial parents and legal guardians. Please use this space is you have any disclosure restrictions.

For Office Use Only:

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

- ☐ Individual refused to sign
- ☐ Communication barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining the acknowledgement
- ☐ Other (Please Specify Below)

Other:

Response Date: