



**JACOBSON DENTAL GROUP
ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

*You may refuse to sign this acknowledgement _____

I have received and reviewed a copy of the office's Notice of Privacy Practices.
I understand my rights under this policy.

Print Patients Name _____ Parent or Guardian if Applicable _____

Patient/Parent or Guardian Signature _____ Date _____

Please indicate below any person or persons you give us permission to discuss your information with. (Example: Spouse, Parent, Son or Daughter, etc.) Please list any information you wish to exclude from this privacy permission. (Example: Account, Appointments, Medical information, etc.)

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Information excluded: _____

We use a confidential service called RevenueWell to make contact with our patients about appointments and office information. When confirming appointments we can send you an email, text or give you a courtesy phone call.

Please choose the way(s) you would like to be contacted by our office about your appointments.

- E-Mail _____
- Home# _____
- Work # _____
- Cell # _____
- By Text Message

Emergency Contact: _____ **Phone Number:** _____

Was there a reason you left your last dental practice?
