

# MARK BALENSEIFEN DDS PC

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND COMMUNICATION PREFERENCES

\*You May Refuse to Sign This Acknowledgement\*

PLEASE CHECK **ONE** OF THE FOLLOWING:

- I AM THE PATIENT                       I AM THE PATIENT'S LEGAL GUARDIAN

**I have received a copy of this office's Notice of Privacy Practices.**

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**Print** Patient or Legal Guardian's Name

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**Signature** Patient or Legal Guardian Sign Here

**Date**

For Office Use Only:

- \_\_\_ Individual refused to sign  
\_\_\_ Communications barriers prohibited obtaining the acknowledgement  
\_\_\_ An emergency situation prevented us from obtaining acknowledgement  
\_\_\_ Other (Please Specify)

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### For Phone Communications:

This form is optional and you are not required to sign this form, and you do not need to sign it to receive care in our dental office. However, an up to date phone number allows us to provide the necessary level of treatment for you.

**PRIMARY CONTACT PHONE NUMBER:** \_\_\_\_\_

**SECONDARY CONTACT PHONE NUMBER:** \_\_\_\_\_

By checking here I consent to the following: The dental practice or its service provider may contact me to provide health care information such as appointment reminders and information about treatment, payment, my account or insurance, using artificial or prerecorded voice or telephone equipment that may be capable of automatic dialing.

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**Signature** Patient or Legal Guardian Sign Here

**Date**

**PLEASE CALL THE DENTAL OFFICE RIGHT AWAY IF YOU GET A NEW TELEPHONE NUMBER!**

### For Mail and e-mail Communications:

Our dental office may need to send reminders about appointments, information about treatment, payment and insurance and other communications to you. Please tell us how you would like us to communicate with you.

Contact me by US Mail at the following address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact me by e-mail at the following e-mail address: \_\_\_\_\_

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**Signature** Patient or Legal Guardian Sign Here

**Date**