



LINCOLN DENTAL CARE
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 Tel.: (714) 637 5222

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Purpose: This form is used to obtain acknowledgment of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgment.

****You May Refuse to Sign This Acknowledgment****

I, (please print name) _____
 have received a copy of this office's Notice of Privacy Practices.

If there is someone you would like us to discuss your financial, health or personal information with please complete the following:

I, _____, give my permission to Lincoln Dental Care to discuss my health, treatment and financial information with:

_____.

Signature _____

Date _____

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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)
