

James W. Betancourt, DMD, MS

Kay C. Betancourt, DMD, MS

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

****You May Refuse to Sign This Acknowledgement****

I have received a copy of this office's Notice of Privacy Practices which describes how my health information may be used and disclosed.

Date _____

Please print name

Signature

**** May we confirmed or leave messages concerning your appointments / treatment :**

At home _____, At work _____, On your cell _____

****Is there anyone with whom you would allow us to share your personal information or leave messages? Who** _____

Relationship _____

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)
-
-