PHELPS & COHEN ORTHODONTICS

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgement

By entering your name, you acknowledge that you have been informed of Phelps & Cohen Orthodontics' Notice of Privacy Practices which is located on our website www.pcortho.com, under New Patients/Patient Forms. We may correspond with you via mail, email, text, and phone with the contact information you provide. Please notify the office if you choose to opt out of one of the communication methods or if your contact information changes. To refuse, enter REFUSED below.

I have been informed of Phelps & Cohen Orthodontics' Notice of Privacy Practices.

_____ _____

Patient Name (print) Patient or Parent/Legal Guardian 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

☐ Communication barriers prohibited obtaining the acknowledgement

☐ An emergency situation prevented us for obtaining acknowledgement

☐ Other (please specify)
