



Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, have received a copy of this office’s Notice of Privacy Practices.

Print Name: _____

Signature: _____

Date: _____

I, _____, consent to the use and disclosure of my protected health information (treatment, payment activities and health care operations) to the listed individuals below. Any other entities may only receive information after written request is submitted.

Print Name and Relationship

Print Name and Relationship

For Office Use Only

We attempted to obtain written acknowledgement of the receipt of our Notice of Privacy Practices but acknowledgment could not be obtained due to:

- Individual refuses to sign
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining the acknowledgment
- Other (Please Specify)

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