

DRS. DRUMM & CATANZANO, PC
Acknowledgement of Receipt of Notice of Privacy Practices
* You May Refuse to Sign This Acknowledgment*

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

Print Name: _____

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) _____

Agreement to Receive Electronic Communication

Patient Name: _____ Date of Birth: _____

I agree that the dental practice may communicate with me electronically at the email address and/or text message number below. Please check below the electronic communication method(s) you would like to receive.

I am aware that there is some level of risk that third parties might be able to read unencrypted emails.

I am responsible for providing the dental practice any updates to my email address or text message phone number.

I can withdraw my consent to electronic communications by calling: (202) 244-1601

Email Address (PLEASE PRINT CLEARLY): _____ @ _____

Phone Number for text messages: _____

Patient Signature: _____

Date: _____

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