



**PLACERVILLE**

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## Acknowledgment of Receipt of Notice of Privacy Policies

I reviewed a copy of the Notice of Privacy Practices of Foothill Orthodontics. I hereby authorize, as indicated by my signature below, Foothill Orthodontics to use and to disclose my protected health information for any necessary clinical, financial and insurance purpose, as authorized in the Patient Consent form.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Preferred means of communication**

- You may contact me at my home telephone number \_\_\_\_\_
- You may contact me at my mobile telephone number \_\_\_\_\_
- You may contact me at my work telephone number \_\_\_\_\_
- You may send me an email at \_\_\_\_\_
- Other \_\_\_\_\_

**Please list authorized persons with whom we may discuss your Protected Healthy Information (PHI). Please notify us if you desire to remove a name from this list in the future.**

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_  added  removed
2. \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_  added  removed
3. \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_  added  removed
4. \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_  added  removed

**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 from obtaining the acknowledgement
- Other (please specify) \_\_\_\_\_

Staff Member Initials \_\_\_\_\_ Date \_\_\_\_\_