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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.

I am giving permission to print the patient's name and date of appointment for school or work excuse notes.

I do ___ I do not ___ give permission for my orthodontic records, (x-rays, photos, models and treatment history) for use in orthodontic study clubs and board examinations. Addition consent would be obtained for any publications.

Print Patient's Name

Date

Relationship if Patient is a Minor

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)

