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## **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

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\* 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)

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