



I have received a copy of Fibonacci Dental Studio's Notice of Privacy Practices.

BEST CONTACT TELEPHONE NUMBER: \_\_\_\_\_

Phone type: \_\_\_\_\_ Home \_\_\_\_\_ Office \_\_\_\_\_ Cell/Mobile

- May our office leave a message regarding your dental care and appointments on your answering machine? \_\_\_\_\_ Yes \_\_\_\_\_ No
- May we text your appointment reminder to your cell phone? \_\_\_\_\_ Yes \_\_\_\_\_ No

EMAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_

- May we send you a quarterly newsletter? \_\_\_\_\_ Yes \_\_\_\_\_ No
- May we email an appointment reminder? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Would you like a copy of our Notice of Privacy Practices emailed to the above email address? \_\_\_\_\_ Yes \_\_\_\_\_ No
- **Caution: There is some level of risk that third parties might be able to read unencrypted emails**

PLEASE LIST THE NAMES OF PEOPLE WE MAY SHARE YOUR DENTAL INFORMATION WITH:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

Contact Information if different from above: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

Contact Information if different from above: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

Contact Information if different from above: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

Contact Information if different from above: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**\*You may refuse to sign this Acknowledgement\***

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**-----For Office Use Only-----**

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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 barrier prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify) \_\_\_\_\_