

TOULOUPAS & TOULOUPAS, D.D.S., P.A.

1628 Memorial Drive, Suite B, Burlington, NC, 27215 (336) 226-5485

Acknowledgement of Receipt of Notice of Privacy Practices

I have been informed of and given the opportunity to review and secure a copy of this office's Notice of Privacy Practices.

Print Patient's Name: _____

Print Parent/Guardian's Name: _____

Signature of Patient or Parent/Guardian: _____

Date: _____

Authorization for Release of Information

I agree that this office may disclose dental and/or financial information to the following individuals (include any of the following: family members, friends, caregivers, medical doctors, and insurance company)

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that I have the right to revoke this authorization at any time and that I have the right to inspect or copy the protected health information to be disclosed as described in this document. I understand that a revocation is not effective in cases where the information has already been disclosed but will be effective going forward.

I understand that information used or disclosed as a result of this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to refuse to sign this authorization and that my treatment will not be conditioned on signing. This authorization shall be in effect until revoked by the patient.

Print Parent/Guardian's Name: _____

Signature of Patient or Parent/Guardian: _____

Date: _____

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- ☐ An emergency existed & a signature was not possible at the time.
- ☐ The individual refused to sign.
- ☐ A copy was mailed with a request for a signature by return mail.
- ☐ Unable to communicate with the patient for the following reason:

☐ Other: _____

Prepared By _____ Signature _____ Date _____