

Acknowledgement of Receipt of Notice of Privacy Practices

Broadmoor Valley Dental
Care, PC

You May Refuse to Sign This Acknowledgment

I have received a copy of this office's Notice of Privacy Practices.

- I consent to have radiographic imaging and protected health information emailed via unencrypted email to other providers concerning my care if the occasion should arise. I understand that the email could be intercepted and read by an unintended recipient.**
- I do not consent to have radiographic imaging or any health related information emailed via unencrypted email.**

I have received a copy

Print Name: _____

Signature: _____

Date: _____

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)

