

Sea Breeze Dental
5948 Warner Ave, Huntington Beach, CA 92649

**NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGEMENT OF RECEIPT**

The Notice of Privacy Practices tells you about the ways in which we may use and disclose medical information about you.

I acknowledge that I have received the Notice of Privacy practices.

Signature of Patient or Patient's Representative

Date

Print Name

Relationship to Patient

Interpreter (if applicable)

Please contact me (check all that apply):

Phone (1) : _____ Cell / Home / Work

- You may leave a detailed message
- Leave only a message to return the call

Phone (2) : _____ Cell / Home / Work

- You may leave a detailed message
- Leave only a message to return the call

E-mail: _____

WRITTEN ACKNOWLEDGEMENT NOT OBTAINED

- Notice of Privacy Practices Given – Patient Unable to Sign
- Notice of Privacy Practices Given – Patient Declined to Sign
- Notice of Privacy Practices and Acknowledgement Mailed to Patient

Other: _____

Signature of DDS / Staff

Date