
FULLERTON ORTHODONTICS

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

****You May Refuse to Sign This Acknowledgement****

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

Signature Date

I, _____, give my permission for Dr. Fullerton's office to discuss my/my child's treatment, treatment options or payment options with the following people:

Patient's Name: _____

Name Relationship to Patient

Name Relationship to Patient

Signature: _____ Date: _____

Relationship to Patient: _____

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement of receiving this office's Notice of Privacy Practices but was unable to do as documented:

Date: _____

Employee: _____

Reason: _____