

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

I, \_\_\_\_\_, have received a copy of this office’s Notice of Privacy Practices.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only**

*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): \_\_\_\_\_

I, \_\_\_\_\_, hereby consent that diagnostic photographs and/or video pictures can be taken of me by Esthetic Dentistry of Maine, or any authorized agent of Esthetic Dentistry of Maine for any of the following purposes:

1. For inclusion in my dental records.
2. For any purposes of accreditation, illustration, publication in dental journals, internet/web site information or for any other dental purpose deemed appropriate by my dentist.

*(Note: Information for these purposes will not be released without your verbal notification and consent.)*

3. Law enforcement requests.
4. Educational purposes.

Witness Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_