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Acknowledgement of Receipt of Notice of Privacy Practices

You May Refuse to Sign this Acknowledgment*

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

I permit disclosure of my health information with my: Please write name(s)

Spouse: _____

Parents: _____

Others: _____

Print Your Name: _____

Signature: _____

Date: _____

For Office Use Only Revised 11/18/2013

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 Specify: