



WHITE OAK  
DENTAL

**ACKNOWLEDGEMENT OF  
PRIVACY PRACTICES and MEDICAL RELEASE CONSENT**

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

I, \_\_\_\_\_, am aware that access to White Oak Dental's Privacy Policy is available to me in written form upon request at the front desk; in addition, I am aware that a digital copy of White Oak Dental's Privacy Policy is available for download at [www.whiteoakdds.com](http://www.whiteoakdds.com).

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE LIST INDIVIDUAL(S) WHO ARE AUTHORIZED TO RECEIVE YOUR  
MEDICAL INFORMATION ON YOUR BEHALF:**

_____	_____	Date
_____	_____	Date
_____	_____	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) \_\_\_\_\_