

Acknowledgement of Receipt of Notice of Privacy Practice

I,, have received a copy of	of this office's Notice of Privacy Practices.
(Please Print)	
Signature	Date
	
Electronic Communication	on Request
You have requested that our practice communicate with you electronically. agree that the practice of Dr. Mark L. Mangelson may send to you any of th can be sent through the internet to an email address and/or phone number	e following that you identify as communication that
Consent and Acknowledgement	
I,, in the presence of my of that the practice may electronically communicate with the following email and	
Email Address	Mobile Number
Patient's Date of Birth (for verification purposes)//	_
I acknowledge that the practice may send the following electronically your initials at the end of each item selected.	y. Check each that apply, and then provide
Information about any dental visit.	(initials)
Information about a specific dental visit.	(Initials) Please Specify
Information about my invoice or accounts payable.	(Initials)
By signing below you acknowledge that all electronic communi- encrypted and that you are able to receive information electron public computer. You are responsible for providing the dental por or phone number. You may withdraw your consent to electronic (801) 266-3519 (practice's telephone number).	ically and store it securely away from any oractice any updates to your email address
Patient's or Patient's Guardian Signature	Date:

	For Office Use Only
We attempted	to obtain written acknowledgement of receipt of our Notice of Privacy Policy Practices, but
	ent could not be obtained because:
	Individual refused to sign
	Communication barriers prohibited obtaining the acknowledgement An emergency situation prevented us from obtaining acknowledgement Other (Please Specify)