PRANATI S. CHOKSHI, DMD, PA

HIPAA ACKNOWLEDGE

11157 WEST COLONIAL DRIVE OCOEE, FL 34761
407.654.9905

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES.

I HAVE READ/RECEIVED A COPY OF THE NOTICE OF PRIVACY PRACTICES OF THIS OFFICE.

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PATIENT'S NAME-PLEASE PRINT

PERSON I AM AUTHORIZING TO RECEIVE INFORMATION REGARDING MY TREATMENT, APPOINTMENTS, OR DENTAL CARE FROM THIS OFFICE:

NAME ____ Relationship ______________________

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PATIENT'S SIGNATURE DATE

PLEASE NOTE: IT IS YOUR RIGHT TO REFUSE TO SIGN THIS ACKNOWLEDGEMENT.

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FOR OFFICE USE ONLY

WE TRIED TO OBTAIN WRITTEN ACKNOWLEDGEMENT BY THE INDIVIDUAL NOTED ABOVE OF RECEIPT OF OUR NOTICE FO PRIVACY PRACTICES, BUT IT COULD NOT BE OBTAINED BECAUSE:

_____AN EMERGENCY PREVENTED US FROM OBTAINING ACKNOWLEDGEMENT

_____A COMMUNICATION BARRIER PREVENTED US FROM OBTAINING ACKNOWLEDGEMENT

_____THE INDIVIDUAL WAS UNWILLING TO SIGN

_____OTHER