

# Dental Artistry of Livingston, P.A.

## PATIENT CONFIDENTIALITY

In this office, **Patient Confidentiality** is a prime concern. Please indicate below with whom our office can or cannot leave a message. Please check where appropriate.

	YES	NO	DOESN'T APPLY
Spouse	_____	_____	_____
Parent	_____	_____	_____
Children	_____	_____	_____
Answering machine			
Home	_____	_____	_____
Work	_____	_____	_____

Are you able to receive calls at your workplace? \_\_\_\_\_

May we call you at your workplace and state who is calling? \_\_\_\_\_

Due to our confidentiality regulations, should a family member, friend, or relative contact our office, we are not at liberty to discuss your situation unless we have permission from you, the patient.

Please check with whom we may discuss your situation.

	YES	NO	DOESN'T APPLY
Spouse	_____	_____	_____
Children	_____	_____	_____
Parent	_____	_____	_____

### Parent, Children, Spouse & or Significant Others

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Dental Artistry of Livingston, P.A.

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

I, \_\_\_\_\_, have reviewed a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
{Please Print Name}

\_\_\_\_\_  
{Signature}

\_\_\_\_\_  
{Date}

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### For Office Use Only

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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)