

# Gregory B. Garrett, D.DS., PA

2215 Delaney Avenue ~ Wilmington, NC 28403

(910)763-3679 www.wilmingtonsmiles.net

## Privacy Practices

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**Purpose:** This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement. It is also intended to provide us with your privacy requests in regards to your health information.

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

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

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The following individuals are authorized by me to discuss or to have access to my health information at Dr. Gregory Garrett's office.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

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I give permission for the following: (please circle yes or no)

Messages to be left at your home/cell phone      Yes / No

Calls at your work number      Yes / No

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This form is valid indefinitely. Please notify the office of Gregory B. Garrett if you would like to make any changes to your specifications.

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{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)

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