Acknowledgement of Receipt of Privacy Notice

PATRICK LIU DDS PLLC

I,_____, acknowledge that I have received a copy of this
(print name)
office's Notice of Privacy Practices.

_____ _____

Patient or legally authorized individual -- Signature Date

_____ _____

Printed Name of Patient, if signed on behalf a (minor) Relationship (parent, legal guardian, personal representative, etc.)

To better serve our patients, the following instructions pertain to the above named patient:
(Please check all that apply.)

_____ OK to call home and leave message.

_____ Do no leave messages.

_____ Do not call home phone – call only this number (_____) _____ - _____.

_____ Do not call work number.

_____ Call work number only.

_____ Permission to speak with family members listed below:

_____

_____

_____

_____

_____ Do not speak to family members.

_____ No need for call after treatment appointment.

_____ No need for confirmation phone call before appointments.