

**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

**\*\*You may refuse to sign this acknowledgement\*\***

I have received a copy of Beau McKenzie Soares, D.D.S., Inc. Notice of Privacy Practices.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If there is someone you would like us to discuss your financial, health or personal information with please complete the following:**

I, \_\_\_\_\_, give my permission for the office of Beau McKenzie Soares, D.D.S. Inc. to discuss my health, treatment and financial information with

\_\_\_\_\_.

**Please review and circle the best way for you to be contacted:**

It is **acceptable/not acceptable** to leave a message on my home phone.

It is **acceptable/not acceptable** to leave a detailed message on my work or cell phone voice mail?

You may leave a detailed message with the following person(s).

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**For Office Use Only**

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):  
\_\_\_\_\_