

**Acknowledgement of Receipt of Notice of Privacy Policies for
Kenneth W. Arnt, D.D.S., LLC**

I have received and reviewed a copy of Kenneth W. Arnt, D.D.S., LLC privacy, security and breach notification policies and procedures. I hereby authorize Kenneth W. Arnt, D.D.S., LLC to use and disclose my protected health information for any necessary clinical, financial and insurance purposes as stated in Notice of Privacy Practices.

I understand that I should ask our dental practice's Privacy Official if I have any questions about these policies and procedures.

Printed Name: _____ Signature: _____

Date: _____ Names of Minor Children, if applicable: _____

Please List authorized persons whom we may discuss your Protected Healthcare Information, in addition to custodial parents and legal guardians.

1. _____ Date added/ Removed _____

2. _____ Date added/ Removed _____

3. _____ Date added/ Removed _____

4. _____ Date added/ Removed _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other