

*Thomas S. Browder, DDS*

Information posted at [www.browdersmiles.com](http://www.browdersmiles.com)

# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

*You May Refuse to Sign This Acknowledgement*

I, \_\_\_\_\_ have received 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) \_\_\_\_\_

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## REVOCACTION OF CONSENT

I revoke my Consent for your use and disclosure of my protected health information for treatment, payment, activities and healthcare operations.

I understand that revocation of my Consent will not affect any action you took in reliance on my Consent before you received this written Notice of Revocation. I also understand that you may decline to treat or to continue to treat me after I have revoked my Consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date