ALBANY DENTAL CARE, PC
2 KROSS KEYS DRIVE
ALBANY, NY 12205
(518)482-0881
www.albanydentalcare.com

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge receipt of Albany Dental Care, PC's Notice of Privacy Practices, which has an effective date of 9/23/2013, and which describes how my protected health information may be used and disclosed.

I understand that you have the right to change the Notice of Privacy Practices at any time, that I will be provided a copy of any updated version, and that I may contact you at any time to request a current Notice of Privacy Practices.

My signature below acknowledges that I have been provided a copy of the Notice of Privacy Practices.

_____ _____
Signature of Patient or Patient's Representative Date

_____
Print Name

_____
Relationship to Patient (if not signed by patient)

Please indicate below the names of any people who we may communicate with regarding your treatment, appointments or account information.

_____ _____
Name Relationship

_____ _____
Name Relationship

_____

_____

Emergency Contact Name: _____

Emergency Contact Phone: _____