

**Molly Hottenstein Orthodontics**  
*Your Privacy Is Important to Us*

**Acknowledgement of Receipt of Notice of Privacy Policies**

I have received a copy of the Notice of Privacy Practices of Molly Hottenstein Orthodontics. I hereby authorize, as indicated by my signature below, Molly Hottenstein Orthodontics to use and to disclose my/my child's protected health information for any necessary clinical, financial, and insurance purpose, as authorized in the Patient Consent form.

Print Name	Address

Signature	Date

**Please check your preferred means of communication:**

- You may contact me at my home telephone number  
\_\_\_\_\_
  - You may contact me on my mobile telephone number  
\_\_\_\_\_
  - You may contact me on my work telephone number  
\_\_\_\_\_
  - You may send me an unencrypted email/text message at:  
\_\_\_\_\_
  - Other \_\_\_\_\_
- 

Please list authorized persons with whom we may discuss your Protected Health Information (PHI) 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 acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining the acknowledgement
- Other (Please Specify) \_\_\_\_\_

Staff Person Initials \_\_\_\_\_