



DR. BRETT BRAZEAL, D.D.S.
5948 Warner Ave., Huntington Beach, CA 92649

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT OF RECEIPT

The Notice of Privacy Practices tells you about the ways in which we may use and disclose medical information about you.

I, the undersigned, acknowledge that I have received the Notice of Privacy practices.

Patient/Patient's Representative Signature _____ Date _____

Print Name _____ Relationship to Patient _____

Interpreter Name *If applicable* _____

Please contact me at: Check all that apply.

Phone # 1 _____
 Cell Home Work

Phone # 2 _____
 Cell Home Work

You may leave a detailed message

You may leave a detailed message

Leave only a message to return the call

Leave only a message to return the call

Email _____

WRITTEN ACKNOWLEDGEMENT NOT OBTAINED

Notice of Privacy Practices Given – Patient Unable to Sign

Notice of Privacy Practices Given – Patient Declined to Sign

Notice of Privacy Practices and Acknowledgement Mailed to Patient

Other _____

Signature of DDS/Staff _____ Date _____