



## Turlock Oral & Maxillofacial Surgery

### 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.

\_\_\_\_\_  
{Signature}

\_\_\_\_\_  
{Date}

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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

---

---

### AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I hereby authorize Dr. Victor T. Pak to furnish medical information concerning me to:

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_