

Garden City Dental Group

901 Stewart Avenue, Suite 225

Garden City, New York 11530

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

“You May Refuse to Sign Notice this Acknowledgement”

I, _____

Have been informed of this office’s Notice of Privacy Practices.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please Specific)

MANDATORY PHARMACY UPDATE:

(DUE TO MANDATORY CHANGES IN New York STATE REGARDING PRESCRIPTION PROCESSING)

Patient Name: _____ D.O.B : _____

Pharmacy Name: _____ Telephone # _____

Pharmacy Address: _____

City _____ State _____ Zip _____

ELECTRONIC APPOINTMENT CONFIRMATIONS:

E-Mail: _____ **MOBILE PHONE:** _____

PHOTO RELEASE

I hereby consent that any radiographs (x-ray), photographs and video, of me, may be used by Garden City Dental Group for means of record keeping, educational and promotional purposes; in office, out of office, on social media and on the company’s website. I understand that if used, my name will not be disclosed. I do not expect compensation, financial or otherwise, for the use of these photos.

Signature _____ **Date** _____