GO
family dentistry
at the Landing

Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I have received a copy of the Notice of Privacy Practices for the office of Daniel Y. Go, DDS, PS. This form describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment for services, or in the performance of office's health care operations.

Daniel Y. Go, DDS, PS reserves the right to make any necessary revisions described in the Notice of Privacy Practices. If privacy practices change, I will be offered a revised copy of the Notice of Privacy Practices when the changes become effective.

Additional Disclosure Authority

In addition to the allowable disclosures described in the Notice of Privacy Practices, I hereby authorize disclosure of my protected health care information to the persons indicated below.

Any member of my immediate family: _____ Y / N
Spouse: _____ Y / N
Other (please specify): _____ Y / N

_____ _____
Name of Patient or Patient's Guardian Signature of Patient or Patient's Guardian

_____ _____
Date Guardian Relationship to Patient