

**HIPPA PRIVACY FORM  
LAKE DENTAL**

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE**

PLEASE REVIEW THIS ACKNOWLEDGEMENT AND SIGN BELOW  
AFTER YOU HAVE READ THE INFORMATION THAT HAS  
BEEN CHECKED ON THE LIST BELOW:

Provided to:

**ACKNOWLEDGEMENT:**

\_\_\_\_\_ I acknowledge that I have received and/or read and been offered a copy of the office's NOTICE OF PRIVACY PRACTICES AND RIGHTS. I have read the notice and I understand my privacy rights and the office's privacy policies.

\_\_\_\_\_ Patient refuses to sign the notice. Employee name and date: \_\_\_\_\_

\_\_\_\_\_ The patient is unable to sign the acknowledgement or is a minor. If the patient is a minor or represented by a personal representative, the authorized guardian/representative has signed below.

Signature: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
I consent to the dental practice using my cell phone number to (choose one or both) \_\_\_ call or \_\_\_ text regarding treatment, insurance, my account, and special promotions. I understand that I can withdraw my consent at any time.

My cell phone number is (include area code): \_\_\_\_\_

\_\_\_\_\_ (initial or signature)

I consent to receiving from the dental practice email communications regarding treatment, insurance, my account, and special promotions. I understand that I can withdraw my consent at any time.

My email address is: \_\_\_\_\_

\_\_\_\_\_ (initial or signature)

**PRIVACY OFFICER CONTACT INFORMATION**

LAKE DENTAL  
7200 SMOKE RANCH ROAD, SUITE 110  
LAS VEGAS, NV 89128  
(702) 646-7707