

Peter O. Cabrera, DDS

Practice Limited to Periodontics

*Dental Implants * Soft Tissue Reconstruction*

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PATIENT'S ACKNOWLEDGEMENT
OF
RECEIPT OF NOTICE OF PRIVACY POLICY

I, _____, have received a copy of
the Notice of Privacy Practices of the office of Peter O. Cabrera, DDS.

OPTING OUT

- ☐ Do not leave appointment reminder messages on my home answering system.
- ☐ Do not leave appointment reminder messages at my place of employment.
- ☐ Do not contact my place of employment under any circumstance.
- ☐ I do not wish my protected health care information to be released to the following persons: _____.

Patient Signature _____ Date _____

Printed Name _____

☐ I decline to sign this Acknowledgment.

FOR OFFICE USE ONLY

Received By _____ Date _____

☐ The office was unable to obtain a signed Acknowledgment form from the above patient for the following reasons _____