Periodontal Associates
OF MEMPHIS
Periodontal, Laser and Dental Implant Therapy

# 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.

_____
Please Print Name

_____
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
- ☐ Communication barriers prohibited obtaining the acknowledgment
- ☐ An emergency situation prevented us from obtaining acknowledgment
- ☐ Other (Please Specify)

_____
_____
_____

(Fill our FRONT & BACK of this page)

# Periodontal Associates
OF MEMPHIS

Periodontal, Laser and Dental Implant Therapy

Roger D. Craddock, D.D.S Mitchel S. Godat, D.D.S.

6268 Poplar Avenue 901.761.3770/800.824.1628
Memphis, TN 38119 Fax: 901.761.3775

**How may we contact you regarding your treatment and/or appointments?**

Home Phone:_____
May we leave a message on your answering machine? Y or N
May we leave a message with some one at your home? Y or N
With Whom? Anyone/Other_____ Relationship?_____

Work Phone:_____
May we leave a message on your voice mail at work or with an individual? Y or N
With Whom? Anyone/Other_____ Relationship?_____

Cell Phone:_____ Y or N
May we leave a message on your cell phones or voice mail? Y or N

E-mail (s): May we leave a message on your e-mail account(s)? Y or N
E-mail Address(es)_____

Is there any other way you would like to receive messages from our office? Y or N
(I.E. other phone number, page, etc.)_____

_____

May we contact your physician(s), Dentist, Insurance Company, etc. regarding your treatment, insurance, etc? Y or N

Thank you for assisting us in knowing the best way to reach you regarding your health care. My signature indicates that I have received a paper copy for the Privacy Practice for Periodontal Associates of Memphis.

_____ _____
Patient's Signature Date

_____
Patient's Printed Name

Last Revised 5-3-04

(Fill our FRONT & BACK of this page)