EAGLE EYE DENTAL
MICHAEL SOMAI, DMD
104 S. Cory Dr. Edgewater, FL 32141
Phone 386-957-3977 Fax 386-957-3979 Info@EagleEyeDental.com

ACKNOWLEDGEMENT OF RECEIPT OF
HIPAA NOTICE OF PRIVACY PRACTICES
("Acknowledgement")

I acknowledge that I have received a copy of this Dental Practice's HIPAA Notice of Privacy Practices.

_____

Patients Name (Please Print)

_____ _____

What is the preferred way you can be reached:_____

Patients Signature Phone Number

OR

_____ Relationship to Patient:_____

Signature of Personal Representative

Authority of Personal Representative to Sign for Patient

To Whom May I Share This Information:_____

How Can They Be Reached:_____

Relationship To Patient:_____

Warning: There is some risk the protected health information could be read or accessed by a third party while in transit.