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## Acknowledgement of Receipt of Notice of Privacy Practices

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Idlewild Family Dentistry  
Dr. Mitesh Dhulab, DMD PA

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Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

I have received a copy of the Notice of Privacy Practices from Idlewild Family Dentistry, the office of Mitesh Dhulab, DMD PA.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ I authorize the staff of Dr. Dhulab to discuss inquires about my financial billing with another family member or person(s) on my account.

\_\_\_\_\_ I do not authorize discussion of billing matters with anyone other than myself.

\_\_\_\_\_ Not applicable. There is no one else on my account.

I authorize Idlewild Family Dentistry to leave a message concerning dental care from our office at the following:

Home Phone       Work Phone       Cell Phone

By signing this I also authorize release of information to my insurance company to assist in payment of my claims.

*This authorization shall be in force and effect until revoked by the patient or representative signing the authorization.*

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For Office Use Only

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We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- An emergency existed & a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient for the following reason: \_\_\_\_\_  
\_\_\_\_\_
- Other \_\_\_\_\_