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Afsoun Asgharzadeh, DDS

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HIPAA Notice Acknowledgment

Patient name

Date of birth (MM/DD/YYYY)

Acknowledgment of receipt

Our Notice of Privacy Practices explains how we may use and share your health information and describes your rights. It is available at the front desk and online at www.afsounasgharzadehdds.com/forms/notice-of-privacy-practices.pdf. You may ask for a paper copy at any time.

- [ ] I have received, or have been offered, a copy of the Notice of Privacy Practices of Afsoun Asgharzadeh, DDS.

Communication preferences

You may contact me by:

- [ ] Cell phone call
- [ ] Text message
- [ ] Email
- [ ] Home phone
- [ ] Work phone
- [ ] Mail

Send appointment reminders by:

- [ ] Text message
- [ ] Email
- [ ] Phone call

May we leave a detailed message (appointment or treatment information) on your voicemail? ○ Yes ○ No

May we leave a message with a family member or another person who answers your phone? ○ Yes ○ No

May we send you information by regular (unencrypted) email if you contact us that way? ○ Yes ○ No

Preferred phone number

Preferred email address

People we may talk with about your care or bills

Optional

Name 1

Relationship 1

Phone 1

Name 2

Relationship 2

Phone 2

Signature

Patient or personal representative signature (type your name, or sign on paper)

Date (MM/DD/YYYY)

Printed name

If a representative, relationship or authority

Office use only: if acknowledgment could not be obtained, the good-faith effort made and the reason

Staff initials and date