

Riverdale Pediatric Dentistry

**Acknowledgement of Receipt of  
Notice of Privacy Practices and Consent for Electronic Communication**

\* You May Refuse to Sign This Acknowledgment\*

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.

**Consent for Electronic Communication**

On occasion our office may need to communicate with you electronically. By utilizing our practice's electronic services, you agree that Riverdale Pediatric Dentistry may send to you any of the following that you identify as communication that can be sent through the Internet to an email address you designate.

**Consent and Acknowledgement**

I \_\_\_\_\_, in the presence of my dentist or the dental practice's privacy official, agree that the practice may electronically communicate with me at the following email address.

Email Address: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

I acknowledge that the practice may send the following to my email. Check each that apply and then provide your initials at the end of each item selected.

- Information about my invoice or accounts payable. \_\_\_\_\_(initials)
- Information about any dental visit. \_\_\_\_\_ (initials)
- Information about a specific dental visit. \_\_\_\_\_ (initials) Specify \_\_\_\_\_
- Riverdale Pediatric Dentistry can leave a detailed message at this phone # \_\_\_\_\_  
\_\_\_\_\_(Initials)

**Acknowledgement**

You must acknowledge each of the following before we can send communications electronically.

\_\_\_\_\_ All electronic communications from our practice will be encrypted.

\_\_\_\_\_ I am responsible for providing the dental practice any updates to my email address.

\_\_\_\_\_ I am able to receive information electronically and store it securely away from any public computer.

\_\_\_\_\_ I can withdraw my consent to electronic communications by calling (763) 767-1524.

Print Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Signature \_\_\_\_\_ Today's 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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)