



**ACKNOWLEDGEMENT OF RECEIPT
OF
NOTICE OF PRIVACY PRACTICES**

I have received and read a copy of Dr Deidra Kokel Notice of Privacy Practices.

Please print your name

Signature

Date

In Office Use Only	
_____	Individual refuse to sign
_____	Communication barrier prevented obtaining the acknowledgement
_____	An emergency situation prevented obtaining the acknowledgement

Authorization to Release Information to Family Members

Many of our patients allow family members such as their spouse, parent, or others to call and request the results of tests and procedures. Under the requirements for H.I.P.P.A., we are not allowed to give this information to anyone without the patients consent. If you wish to have your information released to family members you must authorize and sign this form. Signing this form will only give consent to release laboratory and radiology results to the family members indicated below. This consent form will not allow Deidra B Kokel DDS, PC to release any other information to these family members.

You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

1. Name _____ Relationship to Patient _____ Date _____

2. Name _____ Relationship to Patient _____ Date _____

Authorization to Leave Message with Household Members/Answering Machine

From time to time it is necessary for representatives of Deidra B Kokel DDS, PC to leave a message for patients. The purpose of these messages is to remind patients that they have an appointment, notify the patient that the staff would like to discuss lab or procedure results or to ask a patient to call the office regarding an issue or concern. At no time will a representative of Deidra B Kokel DDS, PC discuss your medical circumstances without your consent. The purpose of this consent is to leave a message with members of your household or on your answering machine.

You have the right to revoke this consent in writing, except where we have already made disclosures in reliance on your prior consent.

_____ Authorize

_____ Not Authorized