



Larry J. Adatto DDS
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Acknowledgment of Receipt of Notice of Privacy Practices

I acknowledge that, I have received a copy of the notice of privacy practices for the office of **Larry J. Adatto, DDS**. The notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payments for services or in this office's operation. The notice of Privacy Practices also describes my rights, the responsibilities, and the duties of this office with respect to my protected health information.

<i>Additional Disclosure Authority</i>		
In addition to the allowable disclosures described in the notice of Privacy Practices, I hereby specifically authorize disclosure of my protected health information to the persons indicated below, until I revoke this authorization in person.		
Any member of my immediate family	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Spouse Only _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (Specify) _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

 Name of Patient or Personal Representative

 Signature of Patient or Personal Representative

 Description of Personal Representative Authority

 Date

For Office Use only

Date NPP was provided _____

NPP provided prior to treatment? Yes No

Reason for refusal to sign NPP:

Needed more time to review document

Wanted to consult with another person prior to signing

Reason not given

Other (Explain): _____

Name of office attendant receiving the NPP: _____