



Schmerler & Malavich Family Dental, LLC

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

I consent to allow the office of Dr. Andrea Schmerler and Dr. Scott Malavich to use conventional means of email communication with any dentists/specialists regarding my treatment. I consent to the use of text messaging for post treatment inquiries if specifically requested by me. I understand that personal information such as address, social security number, and financial information will never be shared by the means above and will be protected using HIPAA compliant guidelines.

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Please Print Name

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Signature

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Date

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FOR OFFICE USE ONLY

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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 form
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)

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