

Acknowledgement of Receipt of Notice of Privacy Practices

Please note: You may refuse to sign this acknowledgement.

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

Please Print Name

Patient Signature

Date

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
 - A Communication barrier occurred prohibiting the acknowledgement from being obtained
 - An emergency situation prevented us from obtaining acknowledgement
 - Other (Please specify):
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Release the use of My Photo Image

I _____ allow Michael Gulotta, DDS and his office associates to use my photo/video image on <http://facebook.com/mrmolar> or <http://www.mrmolar.com>.

Signature: _____ date _____