

**PATIENT'S ACKNOWLEDGEMENT OF RECEIPT
OF**

NOTICE OF PRIVACY RULES

I, _____, have reviewed or received a copy of the Notice of the Privacy Practices (available at front desk reception for review) for the office of Dr. Katherine Lauterbach D.D.S., Dr. Susan Torma D.D.S. and Dr. Rachel Pappas D.D.S.

OPTING OUT:

- I do not want message left at my place of employment.
- Do not contact me at my place of employment.
- I do not want appointment reminder messages left on my home answering system.
- Do not contact me at my home.
- I do not want appointment reminders.
- I do not wish my protected health care information to be released to the following persons _____.
- I decline to sign this acknowledgement.

Please sign and date: _____

**If none of the options above apply, please sign and date.
Thank you!**