



Ali Behzadi, D.M.D.
Mandana Nabizadeh, D.D.S.
611 N Magnolia Ave
Orlando, FL 32801

Acknowledgement of Receipt of Notice of Privacy Policies

Your Privacy is Important to Us

I have received a copy of the Notice of Privacy Practices of Dr. Ali Behzadi and Dr. Mandana Nabizadeh. I hereby authorize, as indicated by signature below, Dr. Ali Behzadi and Dr. Mandana Nabizadeh is to use and to disclose my protected health information for any necessary clinical, financial, and insurance purpose, as authorized in Patient Consent.

Patient's Name (Please Print): _____

Patient/Guardian Signature: _____ Date: _____

Please check your preferred means of communication:

- You may contact me at home telephone: _____ - _____ - _____
- You may contact me at my work telephone: _____ - _____ - _____
- You may contact me on my mobile telephone: _____ - _____ - _____
- You may send me an email at: _____

Please list authorized persons with whom we may discuss patient's Protected Health Information (PHI) in addition to the responsible party listed on Patient Registration:

Name: _____ Date: _____ Added Removed
Name: _____ Date: _____ Added Removed
Name: _____ Date: _____ Added Removed

For Office Use ONLY

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
 - Communication barriers prohibited obtaining the acknowledgement
 - An emergency situation prevented us from obtaining the acknowledgement
 - Other (Please specify): _____
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