

**BRADY YOST, D.D.S., PLLC
301 E. Chestnut
Carthage, MO 64836**

You may refuse to Sign This Acknowledgement

SECTION A

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

Patient Name - Printed

Patient Signature

Date

SECTION B

By signing this section, you are giving us written authorization for our disclosure of your protected health information for treatment or payment to the following person(s):

Patient Signature

Date

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

Communications barriers prohibited obtaining the acknowledgement

An emergency prevented us from obtaining acknowledgement

Other (Please Specify)
