



23895 Novi Rd, Suite 500 Novi, MI 48375 (248) 374-2273 [www.goldsteindentalgroup.com](http://www.goldsteindentalgroup.com)

## Receipt of Notice of Privacy Practices

\* You May Refuse to Sign This Acknowledgment\*

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

Print Name: \_\_\_\_\_

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 situation prevented us from obtaining acknowledgement
- Other (Please Specify)

## Electronic Consent – Goldstein Dental Group, PLLC

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I agree that *Goldstein Dental Group, PLLC* may communicate with me electronically at the email address below.

I also agree to the dental practice communicating electronically with specialists that I may be referred to via email.

**I am aware that there is some level of risk that third parties might be able to read unencrypted emails.**

I am responsible for providing the dental practice any updates to my email address. I can withdraw my consent to electronic communications by calling or writing to:

*Goldstein Dental Group, PLLC* 23895 Novi Rd, Suite 500 Novi, MI 48375

Email Address (PLEASE PRINT CLEARLY): \_\_\_\_\_@\_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_