



23895 Novi Rd, Suite 500 Novi, MI 48375 (248) 374-2273 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: _____