

VIRGINIA PERIO  
**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

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\*You May Refuse to Sign This Acknowledgement\*

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**For Office Use Only**

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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)

**AUTHORITY TO DISCUSS  
AND ANSWER QUESTIONS**

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The office of Virginia Perio is expressly authorized to answer questions posed by the Personal Representatives listed below and openly discuss with them my condition, treatment, test results, prognosis, insurance claims/payments, any other financial matters, and all other information pertinent to my care, even if I am fully competent to ask questions and discuss my condition. This document constitutes a full authorization to disclose any Individually Identifiable Information to the Personal Representatives named in the Authorization.

\_\_\_\_\_  
Name of person authorized

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name of person authorized

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name of person authorized

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date