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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

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

E-mail

Cellular

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)

AUTHORITY TO DISCUSS AND ANSWER QUESTIONS

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 constitute as 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