

Gulf Dental Center
Tamam Elzawahry, D.M.D.
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Authorization to Release / Disclose Patient Information to:

Name

Relationship to Patient

Address, Phone #

Acknowledgement of Receipt of Notice of Privacy Practices (HIPPA)

I, _____, have reviewed a copy of Gulf
Dental Center's Privacy Practices.

Patient, Parent or Guardian Signature

Date

OFFICE USE ONLY

Written Acknowledgement could not be obtained due to:

- *Patient refused to sign
- *Personal representative not available to sign
- *Language, communication, or effects of disability impeded acknowledgement
- *Emergency care impeded acknowledgement
- *Other: Please specify _____