

# Perio Aesthetics & Implantology, LLC.

Angela L. Blizzard, DMD

## 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.

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Please print name

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Signature

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Date

### Consent for Email Communication

Email messaging allows health care providers to exchange information efficiently for the benefit of our patients. We recognize that email messaging is not a completely secure means of communication due to being accessed improperly in storage, during transmission, or addressed to the wrong person. By signing below you authorize consent for our office to communicate with you via email at the address provided on the previous page. If you do not sign, all communication will be through telephone or USPS.

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Signature

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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, as required by law, but acknowledgement could not be obtained because:

- Individual refused to sign
  - Communication barriers prohibited obtaining the acknowledgement
  - An emergency situation prevented us from obtaining acknowledgement
  - Other (please specify):
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