



**Richard Bowen, DDS**  
**Taryn Gehlert, DDS**

www.bowenlegacydental.com

Tel: 614-459-2300

General, Cosmetic & Implant Dentistry

770 Jasonway Ave.  
Columbus, OH 43214

**Acknowledgement of Receipt of Notice of Privacy Practices**

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*You may refuse to sign this acknowledgement\*

Refusing \_\_\_\_\_

Date \_\_\_\_\_

**HIPAA Release of Information**

I, \_\_\_\_\_, authorize the release of information including the diagnosis, records; examination rendered to me and claims information. This information may be released to:

- Spouse \_\_\_\_\_
- Child(ren) \_\_\_\_\_
- Other \_\_\_\_\_
- Information is not to be released to anyone.

This release of information will remain in effect until terminated by me in writing.

**Messages**

Please call:  My home  My work  My cell

If unable to reach me:

- You may leave a detailed message.
- Please leave me a message asking me to return your call.

The best time to reach me is (day) \_\_\_\_\_ between (times) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_