

Dr. Brian Thornton  
Dr. Jennifer Thornton  
Dr. Eldon Larson

## 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.

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Additional Disclosure Authority

May we discuss your treatment and billing with:

- ☐ Yes ☐ No Entire Immediate Family  
☐ Yes ☐ No Spouse Only  
☐ Yes ☐ No Other \_\_\_\_\_

### 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  
☐ Communication barriers prohibited obtaining the acknowledgement  
☐ An emergency situation prevented us from obtaining the acknowledgement  
☐ Other (Please Specify)