

**PAUL M. CHRISMAN, DDS**

ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES

**Purpose:** This form is to obtain an individual's written permission under Wisconsin law for our use and disclosure of the individual's dental care records to carry out treatment, payment activities, and health care operations. You have the right to read our Privacy Practices Notice before you decide whether to sign this consent.

**Effect of declining consent:** This consent is a condition of your treatment by us. If you decide not to sign this consent, we may decline to treat you.

**Persons Involved in Care:** Please list the person(s) you would like involved in your care or payment for that care.

---

---

---

We may use professional judgement and our experience with common practice to make reasonable inferences of your best interest in allowing a person acting on your behalf to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of protected health information.

**Right to Revoke:** This consent is effective until revoked by you. You may revoke this consent at any time by giving written notice of revocation to the contact office listed below. Revocation of the consent will not affect any action we took in reliance on the authorization before we received your written notice of revocation. We may decline to treat you or to continue treating you if you revoke the consent.

Contact Officer: Dr Paul M Chrisman  
Telephone: 920-822-8111  
Address: 960 s St Augustine St, Pulaski, WI 54162

***I have received a copy of this office's Notice of Privacy Practices and have had full opportunity to read and consider the contents of this consent. I understand that by signing this form I am confirming my written permission for the disclosure of my protected health information, as described in this form.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If this consent is signed by a personal representative of behalf of the individual, complete for following:

Personal representative's name: \_\_\_\_\_  
Relationship to individual: \_\_\_\_\_