

ACKNOWLEDGMENT OF RECEIPT OF HIPAA NOTICE
OF PRIVACY PRACTICES



I, _____, acknowledge that I have been informed of and received a copy of this dental practice's Notice of Privacy Practices.

You may refuse to sign this acknowledgment

Patient name (please print)

Parent/Guardian signature

Date

Relationship to patient

OFFICE USE ONLY BELOW THIS LINE

We were unable to obtain written acknowledgment of receipt of our Notice of Privacy Practices because:

Parent or guardian was unwilling to sign

A communication barrier prevented us from obtaining acknowledgment

An emergency prevented us from obtaining acknowledgment

Other: _____

Staff Signature

Date