

**ACKNOWLEDGEMENT 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\*

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Patient name (please print)

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Parent/Guardian signature

Date

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Relationship to patient

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**OFFICE USE ONLY BELOW THIS LINE**

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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: \_\_\_\_\_

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Staff Signature

Date