

Acknowledgement of Receipt of HIPAA Notice of Privacy Practices for Dental Practice Customers

HIPPA requires a dental practice to make a good faith effort to obtain a signed Acknowledgement from the patient at the time that it provides the HIPAA Notice of Privacy Practices to the patient

TAYLOR D. EVERETT, D.D.S., P.A.
ACKNOWLEDGEMENT OF RECEIPT OF
HIPAA NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of this Dental Practice's HIPAA Notice of Privacy Practices.

Patient Name

Date

Patient Signature

OR

Signature of Personal Representative

Authority of Personal Representative to Sign for Patient

- Parent Guardian Power of Attorney Other

Please Note: It is your right to refuse to sign this Acknowledgement.

Dental Office Use Only

I tried to obtain written Acknowledgement by the individual noted above of receipt of our Notice of Privacy Practices, but it could not be obtained because:

An emergency prevented us from obtaining acknowledgement.

A communication barrier prevented us from obtaining acknowledgement.

The individual was unwilling to sign.

Other:

Staff Member Signature

Date