

**ACKNOWLEDGEMENT OF RECEIPT OF  
HIPAA NOTICE OF PRIVACY PRACTICES  
("Acknowledgement")**

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

Patient Name (Please Print)

Patient Signature

Date

OR

\_\_\_\_\_  
Signature of Personal Representative

Authority of Personal Representative to Sign for Patient (check one):

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