

HIPAA PRIVACY LAW

Allen Dental

Acknowledgement of receipt of notice of privacy practices

****You may refuse to sign this acknowledgement****

I, _____, am aware of the HIPAA Privacy Law for patients.

The below listed people have the right to my patient information.

(Signature of Parent/Patient)

(Date)

.....
For office use only
.....

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices;
Our acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)