



HIPAA PRIVACY FORM

Acknowledgement of Receipt of Notice of Privacy Practices

Purpose: This signed agreement acknowledges receipt of our Notice of Privacy Practices and documents our good faith effort to obtain that acknowledgement*

*You may refuse to sign this acknowledgement

I have received a copy or explanation of this office's Notice of Privacy Practices.

Signature of Patient / Guardian

Date

Relationship to Patient >

Self or Other _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained due to:

- Individual refused to sign
 - Communications challenges (such as a language barrier) which prohibited obtaining the acknowledgement
 - An emergency situation prevented us from obtaining acknowledgement at time of service
 - Other (Please specify)
- _____

Representative for Dr. Kathy Jacobsen – Contemporary Dentistry

Date