

Acknowledgement of Receipt of HIPAA Notice of Privacy Practices

This sample Acknowledgement of Receipt of the HIPAA Notice of Privacy Practices ("Acknowledgement") is being provided by Patterson as a courtesy to its customers and is not legal advice nor intended to be relied on as legal advice. Your dental practice should consult with its legal counsel about the HIPAA Privacy Rule, the HIPAA Notice of Privacy Practices and Acknowledgement requirements prior to using this sample Acknowledgement.

This sample Acknowledgement is intended to comply only with the federal HIPAA Privacy Rule requirements. Dental practices are required to comply with state laws and rules that are more stringent than the HIPAA Privacy Rule and this Acknowledgement should be revised to reflect any applicable state law requirements that are more stringent than HIPAA. This sample Acknowledgement may also need to be revised to reflect the privacy policies and procedures of your dental practice. Your dental practice should consult with its legal counsel to revise this sample Acknowledgement.

HIPAA 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.

David K. Walton, DDS, MS, PC

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