



HIPAA Notice of Privacy Practices Acknowledgment Form

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We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. The most common reason why we use or disclose your health information is for treatment, payment or health care operations. Examples include setting up appointments for you; examining your teeth, prescribing medications, referring you to another doctor, or getting copies of you health information from another professional, dental insurance, etc.

The full Notice is available in the reception room and business office.

This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

Please sign below indication that you are aware of our HIPAA privacy practices

I am aware of the HIPAA Privacy Policy.

Signature of Patient _____ Date: _____

You may Refuse to sign this acknowledgement. If you refuse to sign please indicate reason:

Reason for Refusal to sign:

Privacy directors signature _____