

# Portable Dental Services

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

I acknowledge that I was offered a copy of this Dental Practice's **HIPAA Notice of Privacy Practices**. I am aware that I can also view it on the website.

\_\_\_\_\_  
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