

Acknowledgment of Notice of HIPAA Privacy Practices

Rose L. Wang General & Cosmetic Dentistry

You may refuse to sign this acknowledgment.

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

Print Name: _____

Signature: _____ Date: _____

I hereby give permission to discuss all aspects of my dental treatment to the individual(s) listed below:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

-----OFFICE USE-----

We attempted to obtain written acknowledgement of receipt of notice of Privacy Practices, but it could not be obtained because (check one):

Individual refused to sign

Communication barriers prohibited obtaining the acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Other (please specify) _____