

# Clint A Clements DDS

Acknowledgement of Receipt of HIPAA

Notice of Privacy Practices

("Acknowledgment")

I acknowledge that I have received a copy of this Dental Practice's HIPAA Notice of Privacy Practices.

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

Or  
\_\_\_\_\_  
Signature of Personal Representative

Authority of Person Representative to sign for patient (circle one):

Parent    Guardian    Power of Attorney    Other \_\_\_\_\_

Please note: It is your right to refuse to sign this acknowledgment.

Dental office use only

I tried to obtain written Acknowledgment by the individual noted above of receipt of our HIPAA Notice of Privacy Practices, but it could not be obtained because:

- An emergency prevented us from obtaining acknowledgment.
- A communication barrier prevented us from obtaining acknowledgment.
- The individual was unwilling to sign.
- Other: \_\_\_\_\_

\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Date