

# HIPAA PRIVACY STANDARDS

## Acknowledgement of Receipt of Notice of Privacy Practices

Awesome Kids Teeth  
(Practice Name)

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

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*You May Refuse To Sign This Acknowledgement of Receipt\***

### For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

Individual refused to sign.

Communication barriers prohibited obtaining the acknowledgement.

An emergency situation prevented us from obtaining acknowledgement.

Other:( Please specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_