

HIPAA Acknowledgement Form

Acknowledgement of Receipt of Notice of Privacy Practices

You may refuse to sign this acknowledgement

Name: _____
Last First MI Preferred

I have received a copy of Bushnell Family & Cosmetic Dentistry and/or Sumter Value Dental’s Notice of Privacy Practices.

Signature Date

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) _____

Date

