**T. Chris Maffett, DMD**

**ACKNOWLEDGEMENT OF RECEIPT OF**

**HIPAA NOTICE OF PRIVACY PRACTICES**

**(“Acknowledgement”)**

I acknowledge that I have received a copy of this Dental Practices **HIPAA NOTICE OF PRIVACY PRACTICES.**

Patient Name (Please Print)

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Patient Signature Date

OR

Signature of Personal Representative Date

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

Updated August 1st, 2011