



Acknowledgement of Receipt of Notice of Privacy Practices

The privacy of your protected health information is important to us. We have provided you with a copy of our Notice of Privacy Practices. It describes how your health information will be handled in various situations. We ask that you sign this form to acknowledge you received a copy of our Notice of Privacy Practices.

I acknowledge that I have received a copy of the ISU Family Dentistry Notice of Privacy Practices.

Print Name of Patient or Personal Representative

Date

Signature of Patient or Personal Representative

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.

For Office Use Only

We have made a good faith effort in attempting to obtain written acknowledgement of receipt of the Notice of Privacy Practices.

1. Does the patient have a copy of the Notice of Private Practices? Yes No
2. If you answered "No" above, please explain why the patient did not sign acknowledgment form:
 - Patient/individual refused to sign _____ (Date of Refusal).
 - Communication barriers prohibited obtaining an acknowledgement.
 - Legal representative not available.
 - Patient bypassed registration.
 - An emergency situation prevented ISU from obtaining an acknowledgement.
 - Other: _____

Completed By: _____

Signature

Date