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