

Acknowledgment of Receipt of Notice of Privacy Practices

I acknowledge that I have received a copy of the Notice of Privacy Practices of **White Birch Family Dental** and have been offered the opportunity to review it and ask any further questions about my rights to the maintenance of the security of my Protected Health Information (PHI) under the Health Insurance Portability and Accountability Act (HIPAA) and corresponding HITECH Legislation.

I understand that I should ask our dental practice's Privacy Officer if I have any questions about the policies and procedures.

Print Name:

Signature:

Date:

For Office Use Only

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

- Individual refused to sign
- Communications barriers prohibited obtaining acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other

Employee's Signature:

Date: