

OLDROYD FAMILY DENTISTRY

HIPAA
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF
PRIVACY POLICY

*YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT

I, _____, have reviewed a copy of this office's Notice of Privacy Practices.

Patient's Name *(please print)*

Signature of Patient (parent or guardian if child)

Date

FOR OFFICE USE ONLY _____

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practice, but acknowledgement could not be obtained because:

- () Individual refused to sign
- () Communication barriers prohibited obtaining the acknowledgement
- () An emergency situation prevented us from obtaining acknowledgment
- () Other (please specify

