

Fredric J. Witkin, D.D.S. PA

Acknowledgement of Receipt of HIPAA Notice of Privacy Practices

I acknowledge that I have received a copy of this Dental Practice's **HIPAA Notice of Privacy Practices**.

X

Patient Name (Please Print)

X

Patient Signature or Signature of Personal Representative

Authority of Personal Representative to Sign for Patient (check one):

Parent Guardian Power of Attorney Other: _____

X _____

Date

Please note: It is your right to refuse to sign this Acknowledgement.

Dental Office Only

I tried to obtain a written Acknowledgement by the individual noted above of receipt of our **HIPAA Notice of Privacy Practices**, but it could not be obtained because (check all that apply):

An emergency prevented us from obtaining acknowledgement

A communication barrier prevented us from obtaining acknowledgment

The individual was unwilling to sign

Other: _____

X

Staff Member Signature

X

Date