



# Wright Dental Center

General, Cosmetic, & Implant Dentistry

## ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES

### Acknowledgement

I, \_\_\_\_\_, hereby acknowledge that I have received and reviewed a copy of Wright Dental Center's *HIPAA Notice of Privacy Practices*.

I understand that Wright Dental Center's *HIPAA Notice of Privacy Practices* may change periodically and that I am entitled to receive a copy of Wright Dental Center's revised *HIPAA Notice of Privacy Practices* upon request.

I understand that if I have questions about *Wright Dental Center's HIPAA Notice of Privacy Practices*, I may contact Stephanie Reed at Wright Dental Center.

I understand that it is my right to refuse to sign this acknowledgment should I so choose, and that Wright Dental Center will not refuse treatment to me if I refuse to sign this acknowledgment.

I further understand that I may contact the Secretary of the U.S. Department of Health and Human Services should I have concerns regarding Wright Dental Center's privacy policies and procedures. For information on how to contact the U.S. Department of Health and Human Services, please ask for Stephanie, noted above, for assistance.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Personal Representative

\_\_\_\_\_  
Print Name of Personal Representative

\_\_\_\_\_  
Relationship of Personal Representative  
to patient

### FOR OFFICE USE ONLY

Wright Dental Center made a good-faith effort to obtain acknowledgement, from the patient noted above, of receipt of it's HIPAA Notice of Privacy Practices. Despite these efforts, Wright Dental Center was unable to obtain a signed acknowledgement for the following reason(s):

- Refusal to sign acknowledgment on date \_\_\_\_\_
- Communication barriers prohibited us from obtaining a signed acknowledgment.
- An emergency situation prohibited us from obtaining a signed acknowledgment.
- Other (Describe): \_\_\_\_\_

Date received: \_\_\_\_\_ By: \_\_\_\_\_