

HIPAA PRIVACY FORM

# Acknowledgement of Receipt of Notice of Privacy Practices

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**Purpose:** This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

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This Form is educational only, does not constitute legal advice, and covers only federal, not state, law (August 14, 2002).

## **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**\*\*You May Refuse to Sign This Acknowledgement\*\***

I, \_\_\_\_\_, have received a copy of the Advanced Dental Services of Jacksonville Notice of Privacy Practices. I have been given the opportunity to read all of the information and have been given the opportunity to ask questions regarding this information. I understand the information outlined in the Notice of Privacy Practices.

\_\_\_\_\_  
{Please Print Name}

\_\_\_\_\_  
{Signature}

\_\_\_\_\_  
{Date}

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### **For Office Use Only**

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

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)