

# Dr. John D Miller D.D.S., PA

## ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES

**\*\*You may refuse to sign this Acknowledgement\*\***

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

\_\_\_\_\_  
Patient Name (Please Print)

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

\_\_\_\_\_  
Date

**OR**

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

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

Parent     Guardian     Power of Attorney     Other: \_\_\_\_\_

\_\_\_\_\_  
*Dental Office Use Only*

I tried to obtain written Acknowledgement by the individual noted above of receipt of our **Notice of Privacy Practices**, but it could not be obtained because:

\_\_\_ An emergency prevented us from obtaining acknowledgement.

\_\_\_ A communication barrier prevented us from obtaining acknowledgement.

\_\_\_ The individual was unwilling to sign.

\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Date