

Patterson Dental Supply, Inc.

Acknowledgement of Receipt of HIPAA Notice of Privacy Practices

Last Updated: June 2013

PLEASE READ: This sample Acknowledgement of Receipt of HIPAA Notice of Privacy Practices ("Acknowledgement") is provided by Patterson as a courtesy to its customers. The contents of this document are for general guidance only. Nothing in this document should be construed as legal advice. Consult legal counsel if you have questions regarding HIPAA compliance and/or your organization's legal obligations pursuant to HIPAA.

This sample Acknowledgement is designed to help enable compliance with HIPAA and its associated regulations. Dental practices may be required to comply with state laws and regulations that apply more stringent standards than HIPAA. Dental practices should revise this Notice to reflect any applicable state requirements.

ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES

**AFFABLECARE DENTAL, PLLC
4845 TRANSIT RD., SUITE D
LANCASTER, NY 14043**

Acknowledgement

I, _____, hereby acknowledge that I have received and reviewed a copy of AFFABLECARE DENTAL PLLC's *HIPAA Notice of Privacy Practices*.

I understand that AFFABLECARE DENTAL PLLC'S *HIPAA Notice of Privacy Practices* may change periodically and that I am entitled to receive a copy of AFFABLECARE DENTAL PLLC'S revised *HIPAA Notice of Privacy Practices* upon request.

I understand that, if I have questions about AFFABLECARE DENTAL PLLC'S *HIPAA Notice of Privacy Practices*, I may contact DR. NOEL.

I understand that it is my right to refuse to sign this Acknowledgement should I so choose, and that AFFABLECARE DENTAL PLLC'S will not refuse treatment to me if I refuse to sign this Acknowledgement.

I further understand that I may contact the Secretary of the U.S. Department of Health and Human Services should I have concerns regarding AFFABLECARE DENTAL PLLC'S privacy policies and procedures. For information on how to contact the U.S. Department of Health and Human Services, please ask DR. NOEL, 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

AFFABLECARE DENTAL PLLC'S made a good-faith effort to obtain Acknowledgement, from the patient noted above, of receipt of its *HIPAA Notice of Privacy Practices*. In spite of these efforts AFFABLECARE DENTAL PLLC'S was unable to obtain a signed Acknowledgement for the following reason(s):

- Refusal to sign Acknowledgement on _____, 20_____.
- Communications barriers prohibited us from obtaining a signed Acknowledgement.
- An emergency situation prohibited us from obtaining a signed Acknowledgement.
- Other (Describe): _____

Date Received	By	Patient ID