



Austin Creek Dental

Family and Cosmetic Dentistry

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES (HIPAA Form)

YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT

I, _____, have received a copy of this office's Notice of Privacy Practices.

Please print Name of patient

Signature of Patient or Personal Representative

Date

Description of Personal Representative's Authority

For Office Use Only

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

