

Arbor Dental Associates P.C

ACKNOWLEDGEMENT OF RECEIPT/REVIEW OF NOTICE OF PRIVACY PRACTICES (HIPPA)

I, _____, have received/reviewed a copy of Arbor Dental Associates Notice of Privacy Practices.

Signature

Date

PRINT NAME OF DEPENDENT

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

Communication barriers prohibited obtaining the acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Other _____

I _____ give permission to Arbor Dental Associates and its' employees to release/ discuss my treatment information (including fees and payment arrangements) to the follow individual or institution:

****It is your legal option not to sign this acknowledgement****
****If you would like a copy of this page please notify the front desk ****