

Acknowledgement of Receipt of HIPAA Policies and Procedures

Brunswick Dental Health Associates

I have received and reviewed a copy of our dental practice's privacy, security and breach notification policies and procedures.

I understand that I should ask our dental Practice's Privacy Official if I have any questions about these policies and procedures.

Printed Name _____

Signature _____ **Date** _____

- As parent and personal representative for my minor child/children or as the responsible party for a disabled or elderly adult, I acknowledge receipt of the notice of privacy practices for (please print full names of all applicable persons):

- I give the following people permission to obtain my dental information (please print full names of all applicable persons):

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

emergency situation prevented us from obtaining

Communication barriers

other (please specify) _____