

South Waterfront Dental

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

To Our Patients:

Federal law requires that we provide you with a copy of our Notice of Privacy Practices.

The Notice of Privacy Practices explains how we may use and disclose health information about you. We ask that you sign this form for our records so that we may document your receipt of the Notice.

If you have questions about the Notice of Privacy Practices, please feel free to direct these to our Privacy/Security Officer at any time. The name and contact number of the Privacy/Security Officer is listed on your copy of the Notice of Privacy Practices

Patient Name: _____ Date of Birth: _____

Patient to complete this section

I have received a copy of the Notice of Privacy Practices for this organization on today's date.

Signed: _____ Date: _____

If patient is unable to acknowledge receipt, staff member providing notice to complete this section

The Notice of Privacy Practices was provided to

Patient Name: _____ On _____

The patient was unable to acknowledge receipt of the Notice of Privacy Practices for the following reason:

Signed: _____

File this form in the patient's chart