

# TPC Dental Care

## Acknowledgement of Receipt of HIPAA

### Notice of Privacy Practices

#### ("Acknowledgement")

I acknowledge that I have received a copy of this Dental Practice's HIPAA Notice of Privacy Practices.

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

Or

\_\_\_\_\_  
Signature of Personal Representative

Authority of Person Representative to sign for patient (circle one):

Parent Guardian Power of Attorney Other \_\_\_\_\_

Please note: It is your right to refuse to sign this acknowledgement.

### Dental office use only

I tried to obtain written Acknowledgement by the individual noted above of receipt of our HIPAA Notice of Privacy Practices, but it could not be obtained because:

An emergency prevented us from obtaining acknowledgement.

A Communication barrier prevented us from obtaining acknowledgement.

The individual was unwilling to sign.

Other: \_\_\_\_\_

\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Date