

ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES

Elite Dentistry of Habersham

679 Baldwin Road

Cornelia, GA 30531

Acknowledgement

I, _____, hereby acknowledge that I have received and reviewed a copy of Elite Dentistry of Habersham's *HIPAA Notice of Privacy Practices*.

I understand that Elite Dentistry of Habersham's *HIPAA Notice of Privacy Practices* may change periodically and that I am entitled to receive a copy of Elite Dentistry of Habersham's revised *HIPAA Notice of Privacy Practices* upon request.

I understand that, if I have questions about Elite Dentistry of Habersham's *HIPAA Notice of Privacy Practices*, I may contact Ashley at (706)778-7147.

I understand that it is my right to refuse to sign this Acknowledgement should I so choose, and that Elite Dentistry of Habersham will not refuse treatment to me if I refuse to sign this Acknowledgement.

I further understand that I may contact the Secretary of the U.S. Department of Health and Human Services should I have concerns regarding Elite Dentistry of Habersham's privacy policies and procedures. For information on how to contact the U.S. Department of Health and Human Services, please ask Ashley, noted above, for assistance.

Patient Signature

Date

Signature of Personal Representative

Print Name of Personal Representative

Relationship of Personal Representative to Patient

FOR OFFICE USE ONLY

Elite Dentistry of Habersham made a good-faith effort to obtain Acknowledgement, from the patient noted above, of receipt of its *HIPAA Notice of Privacy Practices*. In spite of these efforts, Elite Dentistry of Habersham was unable to obtain a signed Acknowledgement for the following reason(s):

- Refusal to sign Acknowledgement on _____, 20____.
- Communications barriers prohibited us from obtaining a signed Acknowledgement.
- An emergency situation prohibited us from obtaining a signed Acknowledgement.
- Other (Describe): _____

Date Received

By

Patient ID