Legacy Dental Group
18205 N.51st Avenue
Suite 101
Glendale AZ 85308
(602)993-4200
www.legacydentalgroup.com

PATIENT HIPAA ACKNOWLEDGEMENT RECEIPT

OUR HIPAA NOTICE IS POSTED IN OUR OFFICE AND IN THE PATIENT FORMS SECTION OF OUR WEBSITE. A COPY WILL BE PROVIDED TO YOU UPON REQUEST. YOU WILL BE ASKED TO SIGN THIS FORM UPON ARRIVAL. PLEASE INDICATE ACCEPTANCE ONLINE BY CHECKING THE BOX BELOW.

☐ By checking this box, I acknowledge that I have read this form I will sign this form upon my arrival.

PATIENT ACKNOWLEDGEMENT OF RECIEPT OF PRIVACY PRACTICES

(Patient may refuse to sign this agreement) (Provider reserves the right to refuse services)

This Healthcare Practice recognizes that patients have the Right of Privacy concerning their personal health information. We make every effort to protect and preserve patient records in a manner that secures this information.

By signing this Acknowledgement:
You are only confirming that you received a copy of our PRIVACY PRACTICES. You do not give up any of your Rights and you may choose at some point in the future to provide more specific instructions for us to follow regarding your personal health information.

I have received a copy of this offices Notice of Privacy Practices:

Signature: _____ Date: _____

Name of person signing this form:

_____

Relationship to patient:

○ Self ○ Parent or Legal Guardian

Response Date: _____