



St. Mary Dental

CONFIDENTIAL

Patient Name: _____

DOB: _____ Chart #: _____

Patient Acknowledgement

Acknowledgement – Receipt of Notice of Privacy Practices

By signing this form I acknowledge receipt of the *Notice of Privacy Practices* of St. Mary Dental.

The *Notice of Privacy Practices* provides information about how St. Mary Dental may use and disclose my protected health information. I have been advised to read it in full.

The *Notice of Privacy Practices* is subject to change. If the notice does change, I may obtain a copy of the revised notice by contacting the Office Manager at (626) 915-7711.

If I have any questions about the *Notice of Privacy Practices*, I may contact the Office Manager at (626) 915-7711.

Signature of patient/legal representative: _____ Date: _____

For Office Use Only:

Inability to Obtain Patient Acknowledgement

We attempted to obtain written acknowledgement of receipt of the Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign.
- An emergency situation prevented us from obtaining acknowledgement, and an attempt to obtain the acknowledgement will be made at the next available opportunity.
- Patient is incapacitated or is unable to sign.
- Other (Please specify)

Patient Name: _____

Patient's Chart #: _____

St. Mary Dental Rep: _____

St. Mary Dental Rep Signature: _____

Date: _____