## **HIPAA PRIVACY FORM 2**

## Acknowledgement of Receipt of Notice of Privacy Practices

**Purpose**: This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

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## **Dentistry by Design**

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

\*\*You May Refuse to Sign This Acknowledgement\*\*

l,		, have received a copy of this office's Notice of
Privacy	Practi	
	{Pleas	e Print Name}
	{Signa	ture}
	{Date}	
		For Office Use Only
		to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but ment could not be obtained because:
		Individual refused to sign
		Communications barriers prohibited obtaining the acknowledgement
		An emergency situation prevented us from obtaining acknowledgement
		Other (Please Specify)

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