

**Justice Family Dentistry**  
**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)

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

\_\_\_\_\_  
Date

OR

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

Authority of Personal Representative to Sign for Patient (check 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 **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