

# Acknowledgement of Receipt of Notice of Privacy Policies

I, \_\_\_\_\_, have received a copy of  
Jeffrey L. Wilden, D.D.S., Inc.'s Notice of Privacy Policies.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If this consent is signed by a personal representative on behalf of the patient, complete the following:

Personal Representative's Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

## OFFICE USE ONLY

On \_\_\_\_\_, an *Acknowledgment of Receipt of Notice of Privacy Policies* form was delivered. The form was not signed due to:

- Communication barriers which prevent acknowledgement
- An emergency which prevent acknowledgement
- A refusal to sign
- Other \_\_\_\_\_

This information is intended as advisory in nature and should not be considered as legal advice nor is it a substitute for legal advice. This information does not constitute technical information system/security advice. It is designed to assist you in your own risk management activities. It is not intended to be exclusively relied upon or used as a substitute for your own loss-control program. Accuracy and completeness are not guaranteed.

The Federal HIPAA privacy compliance requirements are explained in this binder. When you develop your HIPAA compliance policy, incorporate whatever is necessary to address state law requirements as well.