

# HIPAA

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

The undersigned acknowledges access to a copy of the currently effective Notice of Privacy Practices for Thomas Orthodontics this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. A copy of this signed, dated Acknowledgement shall be as effective as the original.

\_\_\_\_\_  
Please print your name/Relationship to Patient

\_\_\_\_\_  
Please sign your name

If you are the legal representative of the patient, please print the patient's(s) name(s)\_\_\_\_\_.

Please list all family members that you wish to have access to his/her records, if no one other than yourself please put N/A.

\_\_\_\_\_  
Thank you and if you have any questions about this form or the attached Notice, please contact our privacy officer, Dr. Thomas.

### Office Use Only

As privacy officer, I attempted to obtain the patient's (or representative's) signature on this Acknowledgment but did not because:

|  |       |
|--|-------|
| It was emergency treatment               | _____ |
| I could not communicate with the patient | _____ |
| The patient refused to sign              | _____ |
| The patient was unable to sign because   | _____ |
| Other (please describe)                  | _____ |

\_\_\_\_\_  
Signature of privacy officer