

ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES & DENTAL MATERIALS FACT SHEET

El Dorado Family Dental
4944 Windplay Dr. St. 301
El Dorado Hills, CA 95762

Acknowledgement

I, _____, hereby acknowledge that I have received and reviewed a copy of **El Dorado Family Dental's HIPAA Notice of Privacy Practices**.

I, hereby acknowledge that I have received and reviewed a copy of **El Dorado Family Dental's Dental Materials Fact Sheet**.

I understand that, if I have questions about **El Dorado Family Dental's HIPAA Notice of Privacy Practices**, I may contact **El Dorado Family Dental** at (530) 444-4944.

I understand that it is my right to refuse to sign this Acknowledgement should I so choose, and that **El Dorado Family Dental** will not refuse treatment to me if I refuse to sign this Acknowledgement.

I further understand that I may contact the Secretary of the U.S. Department of Health and Human Services should I have concerns regarding **El Dorado Family Dental's** privacy policies and procedures. For information on how to contact the U.S. Department of Health and Human Services, please ask **Office Manager**, noted above, for assistance.

 Patient Signature

 Date

 Signature of Personal Representative

 Print Name of Personal Representative

 Relationship of Personal Representative to Patient

FOR OFFICE USE ONLY

El Dorado Family Dental made a good-faith effort to obtain Acknowledgement, from the patient noted above, of receipt of its *HIPAA Notice of Privacy Practices and Dental Materials Fact Sheet*. In spite of these efforts, **El Dorado Family Dental** was unable to obtain a signed Acknowledgement for the following reason(s):

- Refusal to sign Acknowledgement on _____, 20_____.
- Communications barriers prohibited us from obtaining a signed Acknowledgement.
- An emergency situation prohibited us from obtaining a signed Acknowledgement.
- Other (Describe): _____

Date Received	By	Patient ID