



## Acknowledgement of Receipt Of Privacy Practices (HIPAA)

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*You may refuse to sign this acknowledgement*

I, \_\_\_\_\_, have been offered a copy of this office's Notice of Privacy Practices.  
Please print name

Signature \_\_\_\_\_ Date \_\_\_\_\_

You may discuss my dental treatment with: \_\_\_\_\_

Initial Here

You may discuss my finances with: \_\_\_\_\_

Initial Here

You may leave a message on my home/office voicemail \_\_\_\_\_

Initial Here

Please discuss anything relating to my dental treatment or finances with: \_\_\_\_\_

Initial Here

### **FOR OFFICE USE ONLY**

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement 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) \_\_\_\_\_