

Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I have received the Notice of Privacy Practices for the offices of James D. Hill, D.M.D., PA.

Signature: Patient's Name / Personal Representative (as defined by HIPAA) _____ Date _____

* Description of Personal Representation and please attach copy of documentation.

Documentation of "Good Faith" Attempt to get acknowledgement signature.

- Document presented to patient, but patient refused to sign acknowledgement.
- Patient presented with an emergency situation and there was no time to give the Notice or receive a signature. Attempt to get give the Notice, and get any acknowledgement will be handled as soon as possible.
- Documentation was presented to the patient but a communication failure prevented us from receiving the acknowledgement.
- The documentation was mailed to the patient but never returned to us.
- Other _____
_____ ???_

Employee preparing document _____ Date _____

Employee signature _____