



Acknowledgement of Receipt of Notice of Privacy Practices

Purpose: This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to Document our good faith effort to obtain that acknowledgement.

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

I have been given a copy of Bivens Orthodontics Notice of Privacy Practices to review and I am aware that the office has a copy of the Notice available to take with me if I request one.

Please Print Patient's Name

Signature of Patient or Legal Guardian

Date

Due to HIPAA we are unable to release any personal information to anyone without your consent. If you wish Bivens Orthodontics to release information to anyone, other than the dentist that referred you to our office, for reasons such as: payment, insurance claims, medical clearance prior to dental procedures, post-operative care, etc. please list those persons below.

1. _____ 2. _____

3. _____ 4. _____

For Office Use Only

We attempted to obtain written proof of Informed Consent of Notice of Privacy Practices, but Acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An Emergency Situation prohibited obtaining the acknowledgement
- Other (Please Specify)

