

ADA PRACTICAL GUIDE TO HIPPA COMPLIANCE

Generations Dental Care, Inc.

Dr. Holly B. Waite

Acknowledgement of Receipt of Notice of Privacy Practices

*** You May Refuse to Sign This Acknowledgment***

I _____, have received a copy of this office's Notice of Privacy Practices.

Print Name: _____

Signature: _____

Date: _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
 - Communication barriers prohibited obtaining the acknowledgement
 - An emergency situation prevented us from obtaining acknowledgement
 - Other (please specify)
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