

ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES

Bellaire Dental
5521 Bellaire Dr S Suite 202
Fort Worth, TX 76109

Acknowledgement

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

I understand that Bellaire Dental's *HIPAA Notice of Privacy Practices* may change periodically and that I am entitled to receive a copy of Bellaire Dental's revised *HIPAA Notice of Privacy Practices* upon request.

I understand that, if I have questions about Bellaire Dental's *HIPAA Notice of Privacy Practices*, I may contact Dr. Kevin Altieri

I understand that it is my right to refuse to sign this Acknowledgement should I so choose, and that Bellaire 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 Bellaire Dental's privacy policies and procedures. For information on how to contact the U.S. Department of Health and Human Services, please ask Dr. Kevin Altieri, 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

Bellaire Dental made a good-faith effort to obtain Acknowledgement, from the patient noted above, of receipt of its *HIPAA Notice of Privacy Practices*. In spite of these efforts, Bellaire 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
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