

Hipaa Consent



HAMLET DENTISTRY
KENNEDI HENRY, DMD

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES/HIPAA Information

Patient Name: _____

Patient Address: _____

A copy of the Privacy Practices is available for viewing in a binder at the front desk. Individual copies are available for your taking in a binder in the greeting area.

I have been given the opportunity to receive/view a copy of the Notice of Privacy Practices of the above named practice.

Signature _____

_____ Date

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- An emergency existed & a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient for the following reason:
 - Other: _____

Prepared by: _____

Signature of patient: _____

Signature of staff: _____

Date: _____