

ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES

Advanced Aesthetic Dentistry

Acknowledgement

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

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

I understand that, if I have questions about Advanced Aesthetic Dentistry's *HIPAA Notice of Privacy Practices*, I may contact Miranda Maestas at (303) 246-0100.

I understand that it is my right to refuse to sign this Acknowledgement should I so choose, and that Advanced Aesthetic Dentistry 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 Advanced Aesthetic Dentistry's privacy policies and procedures. For information on how to contact the U.S. Department of Health and Human Services, please ask Miranda Maestas, noted above, for assistance.

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|--------------------------------------|--|
| Patient Signature | Date |
| Signature of Personal Representative | Print Name of Personal Representative |
| | Relationship of Personal Representative to Patient |

FOR OFFICE USE ONLY

Advanced Aesthetic Dentistry 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, Advanced Aesthetic Dentistry 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 |
|---------------|----|------------|