



Dr. Monica Mosley

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Acknowledgement

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

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

I understand that, if I have questions about **Danville Pediatric Dentistry's** *HIPAA Notice of Privacy Practices*, I may contact **Monica Mosley**.

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

Patient Name

Date

Signature of Personal Representative

Print Name of Personal Representative

Relationship of Personal Representative to Patient

FOR OFFICE USE ONLY

Danville Pediatric 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, **Danville Pediatric 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