

Acknowledgement of Receipt of HIPAA Notice of Privacy Practices

Tyler Family Dental
197 N Tyler St
Tyler MN, 56178

Acknowledgement

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

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

I understand that, if I have questions about Tyler Family Dental's *HIPAA Notice of Privacy Practices*, I may contact Tyler Family Dental at 507-247-5591. I understand that it is my right to refuse to sign this Acknowledgement should I so choose, and that Tyler Family 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 Tyler Family Dental's privacy policies and procedures. For information on how to contact the U.S. Department of Health and Human Services, please ask Tyler Family Dental, 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

Tyler Family 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, Tyler Family 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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