

**HIIPA PRIVACY RULE**

**Receipt of Notice of Privacy Practices**

**Written Acknowledgement Form**

**Kaysville Family Dentistry-Kaysville, UT**

Acknowledgement of receipt of Information Practices Notices (164.520(a))

I, \_\_\_\_\_ ( Patient’s name) understand that as part of my health care, Kaysville Family Dentistry – Kaysville, UT originates and maintains health records describing my health history, symptoms, examination and test results, diagnosis, treatment and any plans for future care or treatment. I acknowledge that I have been provided with and understand that Kaysville Family Dentistry-Kaysville, UT **Notice of Privacy Practices** provides a complete description of the uses and Disclosers of my health information.

I understand that:

- I have the right to review Kaysville Family Dentistry-Kaysville, UT Notice Of Privacy Practices prior to signing this acknowledgment;
- That Kaysville Family Dentistry – Kaysville, UT reserves the right to Change their Notice of Privacy Practices and Prior to implementation of This will mail a copy of any revised notice to the address I’ve provided

**Signature of Individual or Legal Representative Witness** \_\_\_\_\_

**Printed Name of Individual or Legal Representative Witness** \_\_\_\_\_

**Date** \_\_\_\_\_

**For Office Use Only**

We attempted to obtain written acknowledgement of receipt of our Notice Of Privacy Practices, but it could not be obtained because:

- Individual refused to sign
- Communication barrier prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)

\_\_\_\_\_  
Privacy Official

\_\_\_\_\_  
Date