

Privacy Policy Acknowledgement Form

The form below is required to be signed by the federal government. The privacy policy that you acknowledge is available to be read at:

<http://www.joinerdentistry.com/IMAGES/HIPAANotice.pdf>

The notification is also available in our office. If you have any questions, do not hesitate to ask.

<p>Joiner Family Dentistry</p> <p>ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES</p> <p>**You May Refuse to Sign This Acknowledgement**</p> <p>I, _____, have offered a copy of this office's Notice of Privacy Practices.</p> <p style="text-align: center;">{Please Print Name}</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">{Signature}</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">{Date}</p> <hr/> <p style="text-align: center;">For Office Use Only</p> <hr/> <p>We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:</p> <p style="padding-left: 40px;">Individual refused to sign</p> <p style="padding-left: 40px;">Communications barriers prohibited obtaining the acknowledgement</p> <p style="padding-left: 40px;">An emergency situation prevented us from obtaining acknowledgement</p> <p style="padding-left: 40px;">Other (Please Specify) _____</p>
