



Dr. Andrew J. Dvonch, DDS | Dr. Barbora H. Valerio, DDS

**ACKNOWLEDGMENT OF RECEIPT
OF PRIVACY PRACTICES**

I acknowledge that I have received a copy of this Dental Practice's HIPAA Notice of Privacy Practices:

Patient Name (Please Print)

Patient Signature

Date

OR

Signature of Personal Representative

Authority of Personal Representative to Sign for Patient (check one):

Parent Guardian Power of Attorney Other: _____

Please Note: It is within your right to refuse to sign this Acknowledgment

Dental Office Use Only

I tried to obtain written Acknowledgment by the individual noted above of receipt of our Notice of Privacy Practices, but it could not be obtained because:

___ *An emergency prevented us from obtaining acknowledgement.*

___ *A communication barrier prevented us from obtaining acknowledgment.*

___ *The individual was unwilling to sign.*

___ *Other:* _____

Staff Member Signature

Date