



Dr. Andrew J. Dvonch, DDS | Dr. Barbora H. Valerio, DDS
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ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE

I, _____, **acknowledge that I have received a copy of this**
(Patient's full name; please print)
dental practice's HIPAA Notice of Privacy Practices.

(Patient Signature) (Date)

-OR-

(Signature of Personal Representative; see below) (Date)

Parent Guardian Power of Attorney Other: _____

It is within your right to refuse to sign this acknowledgement.



Dental office use only:

I tried to obtain written acknowledgement 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 acknowledgment.
- A communication barrier prevented us from obtaining acknowledgment.
- The individual was unwilling to sign.
- Other: _____

(Staff Member Signature) (Date)