Main Street Dental

We are on your side!

HIPAA Acknowledgment of Receipt of Notice of Privacy Practice

YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT

I, (Patient or Responsible Party Name) _____
have read/received a copy of Main Street Dental's
Notice of Privacy Practice.

Patient Name (Please print) _____

Signature (Patient or Responsible Party) _____

Today's Date ____ / ____ / ____

FOR OFFICE USE ONLY

We attempted to obtain a written acknowledgement of receipt of our notice of privacy practices; however, acknowledgement could not be obtained because:

- ❑ Individual refused to sign
- ❑ Communication barriers prohibited obtaining acknowledgment
- ❑ An emergency situation prevented us from obtaining the acknowledgement
- ❑ Other: