

50TH AND FRANCE DENTAL CARE

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPPA), you have certain rights regarding the use and disclosure of your protected health information. These rights are more fully described in 50TH AND FRANCE DENTAL CARE'S Notice of Privacy Practices. The 50TH AND FRANCE DENTAL CARE is permitted to revise its Notice of Privacy Practices at any time. We will provide you with a copy of the revised Notice of Privacy Practices upon your request.

By signing below, you are acknowledging that you have been given the opportunity to read a copy of 50TH AND FRANCE DENTAL CARE'S Notice of Privacy Practices. If you would like a copy please feel free to ask our front desk.

Patient name: \_\_\_\_\_

Patient  
Representative: \_\_\_\_\_

If signed by Patient Representative, state authority to act on behalf of patient:  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_

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50th AND FRANCE DENTAL CARE, USE ONLY

I, \_\_\_\_\_, attempted to obtain the patient's acknowledgement of receipt of the Notice of Privacy Practices, but was unable to do so.

Reason Acknowledgement not obtained:  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_