

Patient Acknowledgement Form of Office Privacy Policies (HIPPA)

I acknowledge that a copy of Peter Dantini , D.D.S. notice of Privacy Practice has been made available to me.

I understand that I may request a hard copy of Peter Dantini's Notice of Privacy Practice and that I may also find a copy of the notice on line at www.dentistdds.com.

Signature of Patient

Date

Print Patient Name

This Section to be completed by Peter Dantini, D.D.S. and or staff member, if unable to obtain written acknowledgement from patient.

I made a good faith to obtain a written acknowledgment of receipt of the Notice of Privacy Practice from the above mentioned patient, but was unable to because

___ Patient declined to sign this written acknowledgment

___ Other (specify) _____

Name and Title of Employee

Date