

ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES

Auburn Oaks Family Dentistry
 8421 Auburn Blvd Suite 100
 Citrus Heights, CA 95610-0398

Acknowledgement

I, _____, hereby acknowledge that I have received and reviewed a copy of Auburn Oaks Family Dentistry's *HIPAA Notice of Privacy Practices*.

I understand that Auburn Oaks Family Dentistry's *HIPAA Notice of Privacy Practices* may change periodically and that I am entitled to receive a copy of Auburn Oaks Family Dentistry's revised *HIPAA Notice of Privacy Practices* upon request.

I understand that, if I have questions about Auburn Oaks Family Dentistry's *HIPAA Notice of Privacy Practices*, I may contact Office Manager.

I understand that it is my right to refuse to sign this Acknowledgement should I so choose, and that Auburn Oaks Family Dentistry will not refuse treatment to me if I refuse to sign this Acknowledgement.

I further understand that I may contact the Secretary of the U.S. Department of Health and Human Services should I have concerns regarding Auburn Oaks Family Dentistry's privacy policies and procedures. For information on how to contact the U.S. Department of Health and Human Services, please ask our Office Manager, noted above, for assistance.

Patient Signature	Date
Signature of Personal Representative	Print Name of Personal Representative
	Relationship of Personal Representative to Patient

FOR OFFICE USE ONLY

Auburn Oaks Family Dentistry made a good-faith effort to obtain Acknowledgement, from the patient noted above, of receipt of its *HIPAA Notice of Privacy Practices*. In spite of these efforts, Auburn Oaks Family Dentistry was unable to obtain a signed Acknowledgement for the following reason(s):

- Refusal to sign Acknowledgement on _____, 20_____.
- Communications barriers prohibited us from obtaining a signed Acknowledgement.
- An emergency situation prohibited us from obtaining a signed Acknowledgement.
- Other (Describe): _____

Date Received	By	Patient ID