

Baltimore Periodontics

Lasers & Dental Implants

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Phone 410-744-6088 Fax 410-744-6141

ACKNOWLEDGEMENT OF RECEIPT OF HIPPA NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of this Dental Practice's **HIPPA Notice of Privacy Practices**.

Patient Name (Please Print)

Patient Signature

Date

Signature of Personal Representative

Authority of Personal Representative to Sign for Patient (check one):

Parent Guardian Power of Attorney Other: _____

Please Note: It is 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 acknowledgement.

A communication barrier prevented us from obtaining acknowledgement.

The individual was unwilling to sign.

Other: _____

Staff Member Signature

Date