

Edgewater Family Dentistry

Bradley M. Woodham, D.M.D., P.A.

ACKNOWLEDGEMENT OF RECEIPT OF HIPPA NOTICE OF PRIVACY PRACTICES

I acknowledge that I have reviewed and/or received a copy of Edgewater Family Dentistry's HIPPA **Notice of Privacy Practices**.

Patient Name (Please Print)

Patient Signature

Date

Or

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 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 language barrier prevented us from obtaining acknowledgement

The individual was unwilling to sign

Other: _____

Staff Member Signature

Date