



Roy G. Daniels DDS

Dentistry
Cosmetic • General • Implant

Acknowledgement of Receipt of Notice of Privacy Practices

By signing this form, you acknowledge that this Medical Practice has given you a copy of its Notice of Privacy Practices. This notice explains how your health information will be handled. HIPAA, the new Federal law concerning medical privacy, requires this notice.

If you have not already, please review the Notice of Privacy Practices:

Online, Adobe Acrobat Format (PDF)

<http://www.myfamilydentist.com/images/stories/notice-of-privacy-practices.pdf>

Or **call 928-282-3246** to request a copy

I have received a copy of the Notice of Privacy Practices. The Dental Practice has given me the opportunity to ask any questions about this notice and all my questions have been answered.

****You May Refuse to Sign This Acknowledgement****

{Please Print Name}

{Signature}

{Date}

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
 - Communications barriers prohibited obtaining the acknowledgement
 - An emergency situation prevented us from obtaining acknowledgement
 - Other (Please Specify)
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