

Steven I.Chin DDS

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**ACKNOWLEDGEMENT OF RECEIPT  
OF NOTICE OF PRIVACY PRACTICE**

I acknowledge that I have received a copy of this dental practice's  
**HIPAA 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 this acknowledgement.**

\_\_\_\_\_  
For Office Use Only

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

Individual refused to sign

Communications barriers prohibited obtaining the acknowledgment

An emergency situation prevented us from obtaining the acknowledgment

Other (Please specify)