

<u>Reid & Reid Pediatric Dentistry and Orthodontics</u> has a strong commitment to safeguard the protected health information of patients. The principals outlined in the Notice of Privacy Practices of this office are also legal obligations of this practice under the Privacy Rule.

FIRST

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient Name: \_\_\_\_\_

LAST

MI

I have read a copy of the Notice of Privacy Practices for the above named practice.

Signature

Date

## For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

An emergency existed & a signature was not possible at the time.

The individual refused to sign.

A copy was mailed with a request for a signature by return mail.

Unable to communicate with the patient for the following reason:

Other:

Prepared by: Glenda Mosley, HIPAA Officer

Signature:

A copy of the Notice of Privacy Practices is available upon request.