
{Steven R. Zdep DDS, Scott W. Shallish DMD}

ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I, _____, have received a copy of this office's HIPAA
(Print Name) Notice of Privacy Practice.

Authorization to Discuss Health Information

I give permission for my dental health information to be discussed with

_____	_____
(Name of Person)	Relationship
_____	_____
(Name of Person)	Relationship
_____	_____
(Name of Person)	Relationship
_____	_____
(Name of Person)	Relationship

I decline to give anyone permission to have access to my medical information

Signature of Patient

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our HIPAA 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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