

Lucky Kids Dental, PC

Acknowledgement

I, _____, hereby acknowledge that I have received and reviewed a copy of Lucky Kids Dental, PC's HIPAA Notice of Privacy Practices. I understand that Lucky Kids Dental, PC's HIPAA Notice of Privacy Practices may change periodically and that I am entitled to receive a copy of Lucky Kids Dental, PC's revised HIPAA Notice of Privacy Practices upon request. I understand that if I have any questions about Lucky Kids Dental, PC's HIPAA Notice of Privacy Practices, I may contact Lucky Kids Dental at (972)758-8777. I understand that it is my right to refuse to sign this Acknowledgement should I so choose, and that Lucky Kids Dental, PC will not refuse treatment to me if I refuse to sign this Acknowledgement. I further understand that I may contact the Secretary of the U.S. Department of Health and Human Services should I have concerns regarding Lucky Kids Dental, PC's privacy policies and procedures. For information on how to contact the U.S. Department of Health and Human Services, please ask Nicole McKnight, noted above, for assistance.

Patient Signature

Date

Signature of Personal Representative

Relationship to Patient

This form is used to obtain authorization to release information regarding you covered under the Privacy Act to people other than yourself. I, _____ authorize the following person(s) to have access to information covered under the Privacy Practice regarding myself.

{Please Print Name} Relationship

{Please Print Name} Relationship

May we contact you by phone and leave a message?

Primary Phone#: _____

- Leave message with detailed information
- Leave message with contact number only
- Do not leave message

Secondary Phone#: _____

- Leave message with detailed information
- Leave message with contact number only
- Do not leave message

FOR OFFICE USE ONLY

Lucky kids Dental, PC made a good-faith effort to obtain Acknowledgement, from the patient noted above, of receipt of its HIPAA Notice of Privacy Practices. In spite of these efforts, Lucky Kids Dental, PC was unable to obtain a signed Acknowledgement for the following reason(s):

- Refusal to sign Acknowledgement on _____, 20____.
- Communications barriers prohibited us from obtaining a signed Acknowledgement.
- An emergency situation prohibited us from obtaining a signed Acknowledgement.
- Other : _____

Date Received : _____ By : _____ Patient Name _____