

# Fairfax Advanced Dentistry

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(703)650-9299

## ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**PLEASE NOTE: Make sure that both pages of this document are completed by clicking the arrows at the top or bottom of the form and that you click "SUBMIT" at the end of the process**

\*You may refuse to sign this form\*

**I have read and received a copy of this office's : NOTICE OF PRIVACY PRACTICES**

**Patient Name:** \_\_\_\_\_  
Last First MI Preferred Name

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY

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

- |  |  |
|--|--|
| <input type="checkbox"/> Individual refused to sign  | <input type="checkbox"/> Communications barriers prohibited obtaining the acknowledgment |
| <input type="checkbox"/> An emergency situation prevented us from obtaining acknowledgment | <input type="checkbox"/> Other (specify)   |

## HIPPA PRIVACY FORM

### Acknowledgment of receipt of notice of privacy practices

This form is used to obtain acknowledgment of our notice of Privacy Practices or to document our good faith to obtain that acknowledgment.

Notice of privacy practices, presents the information that federal law requires us to give our patients regarding our privacy practices. We must provide this notice to each patient beginning no later than the date of our first service delivery to the patient after April 14, 2003. We must make good-faith attempt to obtain written acknowledgment of receipt of the Notice from the patient. We must also have the Notice available at the office for patients to request to take with them. We must post the notice in our office in a clear and prominent location where it is reasonable to expect any patients seeking service from us to be able to read the notice. Whenever the notice is revised, we must make the notice available upon request on or after the effective date of the revision in a manner consistent with the above instructions. Therefore, we must distribute the notice to each new patient at the time of service and to any person requesting a notice. We must also post the revised notice in our office as discussed above.

**Response Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_