# ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES


**Bowen Family Dentistry**

**1426 Browning Place, Suite 107**

**Manhattan, KS 66502**

**785.789.4468**


## Acknowledgement

I, ______________________________________, hereby acknowledge that I have received and reviewed a copy of **Bowen Family Dentistry**'s *HIPAA Notice of Privacy Practices.*

I understand that **Bowen Family Dentistry**'s *HIPAA Notice of Privacy Practices* may change periodically and that I am entitled to receive a copy of **Bowen Family Dentistry**'s revised *HIPAA Notice of Privacy Practices* upon request.

I understand that, if I have questions about **Bowen Family Dentistry**'s *HIPAA Notice of Privacy Practices*, I may contact Dr. Adam Bowen at 785.789.4468.

I understand that it is my right to refuse to sign this Acknowledgement should I so choose, and that **Bowen Family Dentistry** 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 **Bowen Family Dentistry**'s privacy policies and procedures. For information on how to contact the U.S. Department of Health and Human Services, please ask **Dr. Adam Bowen**, noted above, for assistance.

______________________________ Patient Signature

______________________________ Date

______________________________ Signature of Personal Representative

______________________________ Print Name of Personal Representative

______________________________ Relationship of Personal Representative to Patient

## FOR OFFICE USE ONLY

**Bowen Family Dentistry** 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, **Bowen Family Dentistry** 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 (Describe):__________________________________________

| | | |
|---|---|---|
| Date Received | By | Patient ID |