



Acknowledgement of Receipt of HIPAA Notice of Privacy Practices

I hereby acknowledge that I have received and reviewed a copy of The Kids Dentist LLC's *HIPAA Notice of Privacy Practices*.

I understand that The Kids Dentist LLC's *HIPAA Notice of Privacy Practices* may change periodically and that I am entitled to receive a copy of The Kids Dentist's *revised HIPAA Notice of Privacy Practices* upon request.

I understand that, if I have questions about The Kids Dentist LLC's *HIPAA Notice of Privacy Practices*, I may contact Shane Fisher at 262-241-0400.

I understand that it is my right to refuse to sign this Acknowledgement should I so choose and that The Kids Dentist LLC 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 The Kids Dentist LLC's privacy policies and procedures. For information on how to contact the U.S. Department of Health and Human Services, please ask Shane Fisher, noted above, for assistance.

Parent/Legal Guardian Signature:

Date:

FOR OFFICE USE ONLY

Staff Initials: _____

The Kids Dentist LLC 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, The Kids Dentist LLC 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):