

Nicole M. Paxson, D.D.S.

**ACKNOWLEDGEMENT OF RECEIPT OF  
HIPAA NOTICE OF PRIVACY PRACTICES  
("Acknowledgement")**

I acknowledge that I have received a copy of this Dental Practice's HIPAA Notice of Privacy Practices.

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

OR

\_\_\_\_\_  
Signature of Personal Representative

Authority of Personal Representative to Sign for Patient (check one):

Parent     Guardian     Power of Attorney     Other:

**Please Note: It is your right to refuse to sign this Acknowledgement**

\_\_\_\_\_  
*Dental Office Use Only*

I tried to obtain written Acknowledgement by the individual noted above of receipt of our Notice of Privacy Practices, but it could not be obtained because:

An emergency prevented us from obtaining acknowledgement.

A communication barrier prevented us from obtaining acknowledgement.

The individual was unwilling to sign.

Other:

\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Date