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**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES/HIPAA
Information**

Patient Name: _____

Patient Address: _____

A copy of the Privacy Practices is available for viewing in a binder at the front-desk. Individual copies are available for your taking in a binder in the greeting area.

I have been given the opportunity to receive/view a copy of the Notice of Privacy Practices of the above named practice.

Signature

Date

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- An emergency existed & a signature was not possible at the time.**
- The individual refused to sign.**
- A copy was mailed with a request for a signature by return mail.**
- Unable to communicate with the patient for the following reason:**

Other: _____

Prepared by: _____

Signature of patient: _____

Signature of staff: _____

Date: _____