



Acknowledgement of receipt of Notice of Privacy Practices (HIPAA)

I, _____ (Patient) have received and reviewed a copy of Round Rock Periodontics' Notice of Privacy Practices.

Signature of Patient

Staff will fill out this section if the patient's signature was not obtained. Our office made a good faith effort to obtain **Acknowledgement of Receipt** of our Notice of Privacy Practices, but it was not obtained for the following reason:

- Patient refused to sign.
- Emergency situation kept us from obtaining the patient's signature.
- Language situation kept us from obtaining the patient's signature.
- Other