

**Michael M. Tanner, DDS, Inc.**  
**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