HIPAA Privacy Rule Receipt of Notice of Privacy Practices
Written Acknowledgement Form

Bay Dental Center Lawndale CA

Acknowledgement of receipt of Information Practices Notice (§164.520(a))

I,**_____(**Patient's name) understand that as part of my health care, Bay Dental Center – Lawndale, CA originates and maintains health records describing my health history, symptoms, examination and test results, diagnosis and any plans for future care or treatment. I acknowledge that I have been provided with and understand that Bay Dental Center – Lawndale CA **Notice of Privacy Practices** provides a complete description of the uses and disclosures of my health information. I understand that:

- I have the right to review Bay Dental Center – Lawndale, CA Notice of Privacy Privacy Practices prior to signing this acknowledgement;

- That Bay Dental Center Lawndale, CA reserves the right to change their Notice of Privacy Practices and prior to implementation of this will mail a copy of any Revised notice to the address I've provided if requested.

Signature of Individual or Legal Representative Witness ……
Printed Name of Individual or Legal Representative Witness……...
Date……

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but it could not be obtained because:

° Individual refused to sign
° Communication barrier prohibited obtaining the acknowledgement
° An emergency situation prevented us from obtaining acknowledgement
° Others (please specify)

_____
_____
_____

_____ _____
Date