

LONDON BRIDGE SMILES
A DIVISION OF ATLANTIC DENTAL CARE, P.L.C.

HIPAA

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of this office's Notice of Privacy Practices.

Please Print Patient's Name

Date of Birth

Signature of Patient/Parent/Guardian

Today's Date

FOR OFFICE USE ONLY

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

- ☐ The individual refused to sign.
- ☐ A communication barrier prohibited obtaining acknowledgement.
- ☐ An emergency situation did not allow time to obtain acknowledgement.
- ☐ Other: _____

Would you like to give person(s) authorization to discuss and disclosure health and account information?

☐ NO

☐ YES If so, please fill out information below.

Person(s) Authorization to Discuss and Disclosure Health and Account Information

Person(s) Authorized: _____

- ☐ Health Information
☐ Financial/Insurance Information

Person(s) Authorized: _____

- ☐ Health Information
☐ Financial/Insurance Information

Relationship to Patient: _____
