

\_\_\_\_\_  
Last Name                      First Name      MI

Patient record#: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ACKNOWLEDGMENT OF RECEIPT  
OF NOTICE OF PRIVACY  
PRACTICES**

By signing below, I am acknowledging that:

I am either the patient or the patient's personal representative;  
I have received a copy of the "Notice of Privacy Practices" for  
SPILMAN DENTISTRY, PA and

I understand that I may contact the person named in the Notice if I have questions  
about the content of the Notice.

\_\_\_\_\_  
Signature of patient or parent/legal guardian/legally responsible person                      Date

\_\_\_\_\_  
Description of relationship to patient

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**TO BE COMPLETED BY STAFF**

**Complete all applicable parts—Please refer to instructions**

*Part 1. Complete if signature requested but not obtained:*

Staff member sought but was unable to obtain an acknowledgment from the patient or the  
patient's personal representative for the following reason:

Patient/personal representative refused to sign form

Other \_\_\_\_\_

*Part 2. Complete if patient/personal representative unavailable to sign form on first date of  
service delivery:*

Form mailed/sent to patient/personal representative on \_\_\_\_\_  
Date

*Part 3. Complete if either Part 1 or Part 2 completed:*

\_\_\_\_\_  
Signature of staff member                      Date

\_\_\_\_\_  
Last Name      First Name      MI

**acuse de recibo de  
notificación de prácticas  
de privacidad**

Patient record#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Firmando abajo, estoy reconociendo eso:

Soy del paciente el representante personal paciente o;

He recibido una copia del “aviso de prácticas de privacidad” para  
SPILMAN DENTISTRY, PA;y

Entiendo que puedo entrar en contacto con a la persona nombrada en el aviso si tengo  
preguntas sobre el contenido del aviso.

Firma del paciente o del padre/del guarda legal/de la persona legalmente responsable      Fecha \_\_\_\_\_

Descripción de la relación al paciente \_\_\_\_\_

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**TO BE COMPLETED BY STAFF**

**Complete all applicable parts—Please refer to instructions**

*Part 1. Complete if signature requested but not obtained:*

Staff member sought but was unable to obtain an acknowledgment from the patient or the  
patient’s personal representative for the following reason:

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Form mailed/sent to patient/personal representative on \_\_\_\_\_  
Date

*Part 3. Complete if either Part 1 or Part 2 completed:*

\_\_\_\_\_  
Signature of staff member      Date

## INSTRUCTIONS ACKNOWLEDGMENT FORM

### Purpose of the Form

Under the HIPAA Privacy Rule, healthcare providers at SPILMAN DENTISTRY, PA are required to disseminate its Notice of Privacy Practices to all patients upon the first delivery of service after April 14, 2003, and to make a good faith effort to obtain the patient's acknowledgment that he or she has received the Notice. If the acknowledgment cannot be obtained, SPILMAN DENTISTRY must document that it attempted to obtain the acknowledgment and the reason it was unable to do so.<sup>1</sup> This Acknowledgment Form serves two purposes:

Top portion: The signature of the patient (or the patient's personal representative) on the top portion of the form documents the acknowledgment of receipt of the Notice of Privacy Practices.

Bottom portion: If the signature of the patient or personal representative is not obtained on the top portion of the form, the bottom portion provides a place for the staff member to document his or her good faith effort to obtain the acknowledgment.

### Instructions for Staff

Step One: Provide the Notice of Privacy Practices to patients receiving services for the first time since April 14, 2003.

- a. In most cases, you will be able to give the Notice directly to the patient or the patient's personal representative (such as a parent or guardian). If you are able to do this, proceed to Step Two, below.
- b. In some cases, you will not be able to give the Notice directly to the patient or personal representative. For example, a patient with a personal representative may be presented for care by someone other than the personal representative or you may provide care to someone for the first time over the telephone (Tele Dent). In such cases, you should mail the Notice to the patient or the patient's personal representative or ask the person who presents the patient for care to deliver the Notice to the personal representative. If you must do this, skip Step Two and go directly to Step Three, below.

Step Two: If the patient or personal representative is available, complete the name, patient record number, and DOB portions of an Acknowledgment Form, then ask the patient or personal representative to sign and date the top portion (above the bold line) of the form.

- a. If you obtain the signature, file the form in patient's chart. You do not need to complete the bottom portion of the form. This completes the process. You do not need to complete Steps Three and Four below.

<sup>1</sup>Section 164.520 of the HIPAA Privacy Rule (45 C.F.R. § 164.520).

- b. If you do not obtain the signature, complete Parts 1 and 3 in the bottom portion of the form. File the form in patient's chart. This completes the process. You do not need to complete Steps Three and Four below.

Step Three: If the patient or the patient's personal representative is not available to sign the Acknowledgment Form, complete the name, patient record number, and DOB portions of *two separate* Acknowledgment Forms and do all of the following:

- a. First Acknowledgment Form: Mail or send the first Acknowledgment Form to the patient or personal representative along with the Notice of Privacy Practices and ask the patient or personal representative to sign and return the form.

Example: An adult aunt of a child brings the child to the dentist for the initial exam to enter school. The aunt has been authorized by the child's parent, but the aunt is not the child's personal representative. The parent is the personal representative. You must send the Notice and an Acknowledgment Form to the parent. Either mail both items to the parent or give them to the aunt and ask her to deliver them to the parent, along with the request that the parent sign and return the form.

Example: An adult patient contacts the dentist for the first time by phone and receives dental care over the phone via Tele Dent. You must send the Notice and an Acknowledgment Form to the patient, along with the request that he or she sign and return the form.

- b. Second Acknowledgment Form: Complete Parts 2 and 3 of the bottom portions of the second Acknowledgment Form and file it. Go to Step Four.

Step Four: The final step depends upon whether the patient or personal representative signs the Acknowledgment Form and returns it:

- a. If the personal representative signs and returns the form, file the signed form in the patient's chart and discard the second form that was previously filed under Step Three, part b, above.
- b. If the personal representative does not sign and return the form, leave the second Acknowledgment Form in the file. It is understood that this second form demonstrates that you made a "good faith effort" to obtain an acknowledgment, as required by the HIPAA Privacy Rule.