

ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES

Prosthodontics of Texas

5301 Davis Lane, Building A Suite 101, Austin, TX 78749

I, _____, hereby acknowledge that I have received and reviewed a copy of **Prosthodontics of Texas**' HIPAA Notice of Privacy Practices.

I understand that **Prosthodontics of Texas**' HIPAA Notice of Privacy Practices may change periodically and that I am entitled to receive a copy of **Prosthodontics of Texas**' revised HIPAA Notice of Privacy Practices upon request.

I understand that, if I have questions about **Prosthodontics of Texas**' HIPAA Notice of Privacy Practices, I may contact **Dr. Bashar Snober**, phone number 512-960-4225, located at 5301 Davis Lane, Building A Suite 101, Austin, TX 78749.

I understand that it is my right to refuse to sign this Acknowledgement should I so choose, and that **Prosthodontics of Texas** will not refuse treatment to me if I refuse to sign this Acknowledgement.

I further understand that I may contact the Secretary of the U.S. Department of Health and Human Services should I have concerns regarding **Prosthodontics of Texas**' privacy policies and procedures. For information on how to contact the U.S. Department of Health and Human Services, please ask **Dr. Bashar Snober**, phone number 512-960-4225 located at 5301 Davis Lane, Building A Suite 101, Austin, TX 78749, for assistance.

Patient Signature: _____ **Date :** _____

Signature of Personal Representative: _____

Print Name of Personal Representative: _____

Relationship of Personal Representative to Patient: _____

FOR OFFICE USE ONLY: **Prosthodontics of Texas** made a good-faith effort to obtain Acknowledgement, from the patient noted above, of receipt of HIPAA Notice of Privacy Practices. In spite of these efforts, **Prosthodontics of Texas** was unable to obtain a signed Acknowledgement for the following reason(s):

- Refusal to sign Acknowledgement on _____, 20_____.
- Communications barriers prohibited us from obtaining a signed Acknowledgement.
- An emergency situation prohibited us from obtaining a signed Acknowledgement.
- Other (Describe): _____

Date Received: _____ By: _____ Patient ID: _____