Debra C. Duffy, DDS, PA

Diplomate, American Board of Pediatric Dentistry Acknowledgment of Receipt of Notice of Privacy Practices

I have received a copy of this office's Notice of Privacy Practices. If I am a minor unaccompanied by a parent or guardian, I will accept this Notice and provide it to my parent or guardian.

Please Print Your Name:				
	LAST	FIRST	MI	
Your Signature:			Today's Date:	
Name of Patient:			DOB:	

Please list any other person (or persons) that may present your child for treatment, that may consent to such treatment, and with whom we may discuss treatment, recommendations, and/or billing matters pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 USC 1320d and 45 CFR 160-164 and Texas Family Code, Title 2, Chapter 32, Section 32.001 - Consent to Treatment of Child by Non-Parent:

Name:	ID# & Type of ID:
	<u></u>

Do Not Write Below— 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:

Individual refused to sign.

Communication barriers prohibited us from obtaining the acknowledgement

Emergency situation prevented us from obtaining the acknowledgement

Other (Specify)

Received by _____ Date _____