ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES

COMPLETE DENTAL CARE JACKSON 2064 SOUTH HIGHLAND AVE. JACKSON, TN 38301

Ackn	owledgement				
	, hereby acknowledge that I have received and ewed a copy of Complete Dental Care's HIPAA Notice of Privacy Practices.				
that	lerstand that Complete Dental Care's HIPAA Notice of Privacy Practices may change periodically and I am entitled to receive a copy of Complete Dental Care 's revised HIPAA Notice of Privacy Practices request.				
	lerstand that, if I have questions about Complete Dental Care's HIPAA Notice of Privacy Practices, I contact Teresa Rowe at 731-736-4700.				
	lerstand that it is my right to refuse to sign this Acknowledgement should I so choose, and that plete Dental Care will not refuse treatment to me if I refuse to sign this Acknowledgement.				
Servi infor	ther understand that I may contact the Secretary of the U.S. Department of Health and Human ices should I have concerns regarding Complete Dental Care 's privacy policies and procedures. For mation on how to contact the U.S. Department of Health and Human Services, please ask Teresa e (information noted above) for assistance.				
l give	e permission to Complete Dental Care to release my information to:				
Nam	e:Phone:				
Nam	e:Phone:				
Patie	ent SignatureDate				
	ature of Parent/Guardian Name of Parent/Guardian				
Relat	tionship to Patient				
FOR C	DEFICE USE ONLY				
HIPAA	elete Dental Care made a good-faith effort to obtain Acknowledgement, from the patient noted above, of receipt of its A Notice of Privacy Practices. In spite of these efforts, Complete Dental Care was unable to obtain a signed owledgement for the following reason(s):				
0	Refusal to sign Acknowledgement on, 20				
o	Communications barriers prohibited us from obtaining a signed Acknowledgement.				
0	An emergency situation prohibited us from obtaining a signed Acknowledgement.				
•	Other (Describe):				