

# ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES

**ClearstoneDental**  
**1228 E Exchange Pkwy Suite #120**  
**Allen, Texas 75002**

## Acknowledgement

I, \_\_\_\_\_, hereby acknowledge that I have received and reviewed a copy of Clearstone Dental *HIPAA Notice of Privacy Practices*.

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

I understand that, if I have questions about Clearstone Dental's *HIPAA Notice of Privacy Practices*, I may contact Clearstone Dental at 214-377-0712.

I understand that it is my right to refuse to sign this Acknowledgement should I so choose, and that Clearstone Dental 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 Clearstone Dental's privacy policies and procedures. For information on how to contact the U.S. Department of Health and Human Services, please ask Clearstone Dental, noted above, for assistance.

Patient Signature	Date
Signature of Personal Representative	Print Name of Personal Representative
	Relationship of Personal Representative to Patient

### FOR OFFICE USE ONLY

Clearstone Dental made a good-faith effort to obtain Acknowledgement, from the patient noted above, of receipt of its *HIPAA Notice of Privacy Practices*. In spite of these efforts, Clearstone Dental 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