

Please Note: It is your right to refuse to sign this Acknowledgement.

**Kidspace Pediatric Dentistry PA
Jerry Hoanh Le, DDS**

**ACKNOWLEDGEMENT OF RECEIPT OF
HIPAA NOTICE OF PRIVACY PRACTICES
("Acknowledgement")**

I acknowledge that I have received a copy of this Dental Practice's **HIPAA Notice of Privacy Practices**.

Patient Name (Please Print)

Patient Date of Birth

Signature

Date

Relationship to the Patient (check one):

☐ Parent ☐ Legal Guardian ☐ Power of Attorney ☐ Self (if 18+) ☐ Other: _____

Dental Office Use Only

I tried to obtain written Acknowledgement by the individual noted above of receipt of our **Notice of Privacy Practices**, but it could not be obtained because:

___ An emergency prevented us from obtaining acknowledgement.

___ A communication barrier prevented us from obtaining acknowledgement.

___ The individual was unwilling to sign.

___ Other: _____

Staff Member Signature

Date