

**HOLDEN DENTAL CARE
NEAL M. NOVACK, D.M.D., INC.**

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

We are very concerned with protecting your privacy, especially in matters that concern your personal health information. In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are required to supply you with a copy of our privacy policies and procedures. We encourage you to read this document carefully.

I have received a copy of the Notice of Privacy Practices. The practice has given me the opportunity to ask any questions about this notice and all my questions have been answered.

(PRINT PATIENT NAME)

(DATE)

(PATIENT/GUARDIAN SIGNATURE)

OFFICE USE ONLY

If patient was not able to sign due to an emergency, or did not want to sign, please document if patient was given the notice and the reason why the patient did not sign below.

Patient was given the notice _____ Yes _____ No

Reason signature was not obtained _____

(STAFF SIGNATURE)

(DATE)