

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient Name: _____

Date of Birth: _____

By signing below, I am acknowledging that:

- I am either the patient or the patient's personal representative;
- I have received a copy of the "Notice of Privacy Practices" for Kendra Covington Pratt, DDS, MS, PA; and
- I understand that I may contact the person named in the Notice if I have questions about the content of the Notice.

Signature of patient or parent/legal guardian/legally responsible person

Date

Description of relationship to patient

TO BE COMPLETED BY STAFF

Complete all applicable parts—Please refer to instructions

Part 1. Complete if signature requested but not obtained:

Staff member sought but was unable to obtain an acknowledgment from the patient or the patient's personal representative for the following reason:

- Patient/personal representative refused to sign form
- Other _____

Part 2. Complete if patient/personal representative unavailable to sign form on first date of service delivery:

- Form mailed/sent to patient/personal representative on (date): _____

Part 3. Complete if either Part 1 or Part 2 completed:

Signature of staff member

Date

MI AVISO DE PROCEDIMIENTOS DE PRIVACIDAD

Nombre del Paciente: _____ Fecha de Nacimiento: _____

Firmando abajo, estoy reconociendo eso:

- Soy del paciente el representante personal paciente o;
- He recibido una copia del aviso de procedimientos de privacidad para Kendra Covington Pratt, DDS, MS, PA; y
- Entiendo que puedo entrar en contacto con a la persona nombrada en el aviso si tengo preguntas sobre el contenido del aviso.

Firma del paciente o del padre/del guarda legal/de la persona legalmente responsable

Fecha

Descripción de la relación al paciente

PARA SER COMPLETADO POR EL PERSONAL / TO BE COMPLETED BY STAFF

Complete all applicable parts—Please refer to instructions

Part 1. Complete if signature requested but not obtained:

Staff member sought but was unable to obtain an acknowledgment from the patient or the patient's personal representative for the following reason:

- Patient/personal representative refused to sign form
- Other _____

Part 2. Complete if patient/personal representative unavailable to sign form on first date of service delivery:

- Form mailed/sent to patient/personal representative on (date): _____

Part 3. Complete if either Part 1 or Part 2 completed:

Signature of staff member

Date