DAVID R. MOSSER, DDS
FAMILY DENTISTRY
140 North 10th Street, Noblesville, IN 46060 * 317-773-3888

HIPAA – ACKNOWLEDGEMENT OF RECEIPT

NOTICE OF PRIVACY PRACTICES

At Mosser Family Dentistry we are committed to maintain and protect the privacy of our patients. We are required, by law, to provide individuals with our **HIPAA Notice of Privacy Practices** with respect to protected health information.

It is your right to refuse to sign this Acknowledgement. If you sign this authorization, you can revoke it later. The only exception to your right to revoke is if we have already acted in reliance upon the authorization.

I acknowledge that a copy of this Dental Practices HIPAA Notice of Privacy Practices has been provided.

I HAVE READ AND UNDERSTAND THIS FORM. I AM SIGNING IT VOLUNTARILY. I AUTHORIZE THE DISCLOSURE OF MY HEALTH INFORMATION AS DESCRIBED IN THIS FORM.

_____
Patient Name (Please Print)

_____
Patient, Guardian or Power of Attorney Signature

_____
Date – Valid for 6 years

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 due to:

__ 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 with Date