

Wayne Schultz, D.D.S. & Andrew Toms, D.D.S.

**Acknowledgement of receipt of the
Notice of Privacy Practices**

The doctors and staff of this office are committed to protecting and safe-guarding your personal health information as well as respecting your confidentiality. As part of our compliance with HIPAA, the Health Insurance Portability and Accountability Act, we are required to obtain your signature acknowledging your receipt of the Notice of Privacy Practices and to keep this signature on file.

Please sign the following notice acknowledging that you have been given an opportunity to review our privacy notice. Should you have any questions, please request to speak with our Privacy Officer. Your signature will be kept on file in a safe location in accordance with HIPAA regulations.

Our providers and staff would like to thank you for your cooperation in this sensitive matter.

I, _____, have been given an opportunity to receive and review a copy of the Notice of Privacy Practices.

Please indicate of **initialing**:

_____ I have been informed of this policy and *decline a copy* of the policy.

_____ I have been informed of this policy and *have received a copy* of the policy.

Patient/Guardian Signature

Date

You have the right to decline signing the Acknowledgement of Receipt of the Notice of Privacy Practices. If this is the case, please simply fill out the information below:

I decline to sign the Acknowledgement of Receipt of the Notice of Privacy Practices for the following reason(s):

