

HIPAA Acknowledgment:

I have received a copy of Harper Dental Care’s Notice of Privacy Practices.

You May Refuse to Sign This Acknowledgment

Print your Name: _____

Your Signature: _____

Date: _____

For Office Use ONLY

We attempted to obtain a written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because: (Team Member: Indicate reason, date, print your name, and sign your name)

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment

Use of Electronic Communication

I agree that the dental practice may communicate with me electronically at the email address and cell phone below. I will be receiving confirmation texts and emails as well as additional information regarding treatment if necessary. I am aware that there is some level of risk that third parties might be able to read unencrypted emails. I am responsible for providing the dental practice any updates to my email address and cell phone number. I can withdraw my consent to electronic communications by calling: 757-868-8152

Email address: _____

Cell Phone number: _____

Signature: _____

Date: _____