

Arvinda Reddy Kunduru, DDS Inc.

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ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES

&

ACKNOWLEDGEMENT OF READING DENTAL MATERIALS FACT SHEET

I acknowledge that I have reviewed/received a copy of this Dental Practice's HIPAA Notice of Privacy Practices and Dental Materials Fact Sheet.

Patient Name (Please Print)

Patient Signature

Date

OR Authority of Personal Representative to Sign for Patient (check one):

Parent Guardian Power of Attorney Other: _____

Signature of Personal Representative

Date

Please Note: It is your right to refuse to sign this Acknowledgement.

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 because:

- 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

Date