HIPAA PRIVACY FORM

Acknowledgement of Receipt of Notice of Privacy Practices

Koch Park Dental

Purpose: This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

****You may refuse to sign this acknowledgement****

I, _____, have received a copy/explanation of this office's Notice of Privacy Practices.

_____
{Signature of Patient and/or Guardian} {Date}_____

(Relationship to Patient} Self or Other: _____

Authorization to Release Information

Purpose: This form is used to obtain authorization to release information regarding you or minor covered under the Privacy Act to people other than yourself.

_____ _____
(Please print name) Relationship

_____ _____
(Please print name) Relationship