

ERIN A. KNIERIM D.M.D., M.S.

HIPAA ACKNOWLEDGEMENT OF RECEIPT or POSTED NOTICE OF PRIVACY PRACTICE

- YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT*

PARENT'S NAME: I, _____ / _____, have received **and/or** read a copy of this office's Notice of Privacy Practices.

CHILD/CHILDREN'S NAMES:

PARENT'S SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but Acknowledgement could not be obtained because:

- Individual refused to sign.
- Communications barriers prohibited obtaining the acknowledgement
- Emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)
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