

# THERESA SHAVER ORTHODONTICS

## ACKNOWLEDGEMENT OF RECEIPT

### NOTICE OF INFORMATION PRACTICES/HIPAA COMPLIANCE

YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT

I hereby certify that I have received a copy of Theresa Shaver Orthodontics' Notice of Privacy Practices.

Printed Name of Recipient \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**FOR OFFICE USE ONLY**

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices from the above referenced individual, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency prevented us from obtaining acknowledgement
- Other \_\_\_\_\_