HIGH HOUSE PEDIATRIC DENTISTRY **RAYMOND J TSENG, DDS, PhD**
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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Our Notice of Privacy Practices about how we may use and disclose protected health information about you. By signing this form, you acknowledge that you have received a copy of this office's Notice of Privacy Practices. You have the right to obtain a updated/existing copy at any time by contacting our office.

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Patient Name: ____Date: _______________

Parent/Guardian Name(s): ____

Parent/Guardian Signature: __________________________________ Date: _______________

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FOR OFFICE USE ONLY:

The parent was offered a copy of the Notice of Privacy Practices. An attempt was made to obtain a signature on this Acknowledgement of Receipt for the Notice.

It could not be obtained because:

1. An emergency existed and a signature was not possible at the time.
2. The individual or parent/guardian refused to sign.
3. Inability to communicate with parent/guardian due to language barrier.
4. A copy was mailed with a request for a signature by return mail.
5. Unable to communicate with the patient for the following reason:

   ____

6. Other Reason: ____

Received by: ____ Date: ________________