



## **Acknowledgment of Receipt of HIPAA Privacy Policies and Procedures**

I, \_\_\_\_\_, have received a copy of Williamsburg Dental's health information privacy and security policies and procedures.

---

**Printed Name**

---

**Signature**

---

**Date**

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

- Individual refused to sign
- Communication barriers existed
- Emergency situation occurred
- Other (Please specify.) \_\_\_\_\_