

# Kumfer Family Dental

## Acknowledgement of Receipt of HIPAA Notice of Privacy Practices

Last Updated: June 2015

KUMFER FAMILY DENTAL  
521 East County Line Road, Suite A  
Greenwood, Indiana 46143

<b>Acknowledgement</b>	
<p>I, _____, hereby acknowledge that I have received and reviewed a copy of KUMFER FAMILY DENTAL's <i>HIPAA Notice of Privacy Practices</i>.</p> <p>I understand that KUMFER FAMILY DENTAL's <i>HIPAA Notice of Privacy Practices</i> may change periodically and that I am entitled to receive a copy of KUMFER FAMILY DENTAL's revised <i>HIPAA Notice of Privacy Practices</i> upon request.</p> <p>I understand that, if I have questions about KUMFER FAMILY DENTAL's <i>HIPAA Notice of Privacy Practices</i>, I may contact Dr. Christopher J. Kumfer.</p> <p>I understand that it is my right to refuse to sign this Acknowledgement should I so choose, and that KUMFER FAMILY DENTAL will not refuse treatment to me if I refuse to sign this Acknowledgement.</p> <p>I further understand that I may contact the Secretary of the U.S. Department of Health and Human Services should I have concerns regarding KUMFER FAMILY DENTAL's privacy policies and procedures. For information on how to contact the U.S. Department of Health and Human Services, please ask Dr. Christopher J. Kumfer, noted above, for assistance.</p>	
_____ Patient Signature	_____ Date
_____ Signature of Personal Representative	_____ Print Name of Personal Representative
_____ Relationship of Personal Representative to Patient	

<b>FOR OFFICE USE ONLY</b>		
KUMFER FAMILY DENTAL made a good-faith effort to obtain Acknowledgement, from the patient noted above, of receipt of its <i>HIPAA Notice of Privacy Practices</i> . In spite of these efforts, KUMFER FAMILY DENTAL was unable to obtain a signed Acknowledgement for the following reason(s):		
<input type="checkbox"/> Refusal to sign Acknowledgement on _____, 20____.		
<input type="checkbox"/> Communications barriers prohibited us from obtaining a signed Acknowledgement.		
<input type="checkbox"/> An emergency situation prohibited us from obtaining a signed Acknowledgement.		
<input type="checkbox"/> Other (Describe): _____		
_____ Date Received	_____ By	_____ Patient ID