

North Coast Dental
1001 W. San Marcos BLVD. #106C
San Marcos CA 92078
(760)736-9200

“ACKNOWLEDGEMENT ” of Receipt of HIPPA Notice of Privacy Practices

I acknowledge that I have received or read a copy of the Dental Practice's HIPPA Notice Privacy Practices.

Patients Name (Please Print)

Patient or Guardian Signature

Authority of personal representative to sign for patient (check one)

Parent Guardian Power of Attorney Other

I tried to obtain written Acknowledgment by the individual noted above of our notice pf privacy practice's, but it could not be obtained because:

An Emergency prevented us from obtaining acknowledgment.

A communication barrier prevented us from obtaining acknowledgment.

The individual was unwilling to sign.

Other

Staff member signature

Date