

*Designing Smiles*

Angela Hilton-Foley, DMD, PA

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

The undersigned acknowledges receipt of a copy of the currently effective Notice of Privacy

Practices for the dental office of **Designing Smiles, Angela Hilton-Foley, DMD, PA**

this \_\_\_ day of \_\_\_\_\_, 20\_\_\_. A copy of this signed, dated Acknowledgement shall be as effective as the original.

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Signature

If you are the legal representative of the patient, please print the patient's name(s) and describe your authority

\_\_\_\_\_  
\_\_\_\_\_

Thank you. If you have any questions about this form or the attached notice, please contact our Privacy Official: **Angela Hilton-Foley, DMD.**

*You may refuse to sign this acknowledgment*

**Office Use Only**

As Privacy Official, I attempted to obtain the patient's (or representative's) signature on this Acknowledgment but did not because:

- It was emergency treatment \_\_\_\_\_
- Unable to communicate with the patient \_\_\_\_\_
- The patient refused to sign \_\_\_\_\_
- The patient was unable to sign \_\_\_\_\_

(describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of privacy official or associate