



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

**ACKNOWLEDGEMENT**

INFINITY DENTAL ARTS  
 6611 OLD MONROE ROAD  
 INDIAN TRAIL, NC 28079  
 704-218-2132/ 704-218-2133

I, \_\_\_\_\_, hereby acknowledge that I have received or reviewed a copy of Infinity Dental Art's HIPAA Notice of Privacy Practices.

I understand that Infinity Dental Art's HIPAA Notice of Privacy Practices may change periodically and that I am entitled to receive a copy of Infinity Dental Arts revised HIPAA Notice of Privacy Practices; I may contact Dr. Ramos and Dr. Diaz.

I understand that it is my right to refuse to sign this Acknowledgement should I so choose, and that Infinity Dental Arts will not refuse treatment to me if I refuse to sign this Acknowledgement.

I further understand that I may contact the Secretary of the U.S. Department of Health and Human Services, should I have any concerns regarding Infinity Dental Arts privacy policies and procedures. They can be reached by phone at 877-696-6775, or in writing at Office of Civil Rights, 200 Independence Ave, S.W., Washington, DC, 20201. Please submit any HIPAA complaints to our HIPAA officer, Ammy Patino at 704-218-2132.

\_\_\_\_\_  
*Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Personal Representative* \_\_\_\_\_  
*Print Name of Personal Representative/Relationship to patient*

**Patient/Relative HIPAA Consent**

I, \_\_\_\_\_, understand that by signing this consent form, I am giving my consent to Infinity dental arts to disclose and discuss my protected health information to carry out treatment, payment activities and health care operations with the following family members/friends;

_____ Name	_____ Name	_____ Name
_____ Relationship	_____ Relationship	_____ Relationship

<b>FOR OFFICE USE ONLY</b>		
Infinity Dental Art's made a good-faith effort to obtain Acknowledgement, from the patient noted above, of receipt of its HIPAA Notice of Privacy Practices. In spite of these efforts, Infinity Dental Arts was unable to obtain a signed Acknowledgment for the following reason(s);		
<input type="checkbox"/> Refusal to sign Acknowledgement on _____, 20_____. <input type="checkbox"/> Communication barriers prohibited us from obtaining a signed Acknowledgment. <input type="checkbox"/> An emergency situation prohibited us from obtaining a signed Acknowledgment. <input type="checkbox"/> Other (Describe): _____		
DATE	BY	PATIENT ID