

---

Kemie D. Houston, D.D.S., M.S., P.C.  
**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

**\*\*You May Refuse to Sign This Acknowledgement\*\***

**I have received a copy of this office's Notice of Privacy Practices.**

\_\_\_\_\_  
{Print Name}

\_\_\_\_\_  
{Signature}

\_\_\_\_\_  
{Date}

---

**For Office Use Only**

---

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

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

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

Reproduction and use of this form by dentists and their staff is permitted. Any other use, duplication or distribution of this form by any other party requires the prior written approval of the American Dental Association. **This material is for general reference purposes only and does not constitute legal advice. It covers only HIPPA, not other federal or state law. Changes in applicable laws or regulations may require revision. Dentist should contact qualified legal counsel for legal advice, including advice pertaining to HIPPA compliance, the HITECH Act, and the U.S. Dept of Health and Human Services rules and regulations.**