

James A. Dutro, D.M.D

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Acknowledgment of receipt of HIPAA policies, procedures, and notice of privacy practices

JAMES A. DUTRO, D.M.D

I, _____, have received and reviewed a copy of our dental practice's HIPAA policies and procedures, and a copy of our 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)
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