

Breeze Dental Care  
1330 YMCA Drive, Suite 400  
Festus, MO 63028  
Phone 636-937-3030  
Fax 636-937-3047

**Acknowledgement of receipt of notice of this office's privacy practices (HIPAA)**

You may refuse to sign this acknowledgement

I, \_\_\_\_\_, have been offered a copy of this office's notice of privacy practice.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



For Office Use Only

We attempted to obtain a written acknowledgement of our notice of privacy practices from this patient, however the acknowledgement could not be obtained because.....

- Individual refused to sign
- Acommunication barrier prohibited us obtaining thee acknowledgement
- An emergency situation prohibited us from obtaining the acknowledgement
- Other (please specify)
- \_\_\_\_\_