



**ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES**

**Riverfront Pediatric Dentistry**  
**301 Riverfront Blvd. Suite 2**  
**Elmwood Park, NJ 07407**

**Acknowledgement**

I \_\_\_\_\_ hereby acknowledge that I have received and reviewed a copy of **Riverfront Pediatric Dentistry's** *HIPAA Notice of Privacy Practices*.

I understand that **Riverfront Pediatric Dentistry's** *HIPAA Notice of Privacy Practices* may change periodically and that I am entitled to receive a copy of **Riverfront Pediatric Dentistry's** revised *HIPAA Notice of Privacy Practices* upon request.

I understand that, if I have questions about **Riverfront Pediatric Dentistry's** *HIPAA Notice of Privacy Practices*, I may contact Dr. Eyal Simchi.

I understand that it is my right to refuse to sign this Acknowledgement should I so choose, and that **Riverfront Pediatric Dentistry** 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 concerns regarding **Riverfront Pediatric Dentistry's** privacy policies and procedures. For information please to contact the U.S. Department of Health and Human Services.

\_\_\_\_\_ Date

Patient Signature

\_\_\_\_\_ Print Name of Personal Representative

Signature of Personal Representative

Relationship of Personal Representative to Patient

**FOR OFFICE USE ONLY**

**Riverfront Pediatric Dentistry** 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, **Riverfront Pediatric Dentistry** was unable to obtain a signed Acknowledgement for the following reason(s):

- Refusal to sign Acknowledgement on \_\_\_\_\_, 20 \_\_\_\_
- Communications barriers prohibited us from obtaining a signed Acknowledgement.
- An emergency situation prohibited us from obtaining a signed Acknowledgement.

Other: (Describe) \_\_\_\_\_  
 \_\_\_\_\_

