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Acknowledgement of receipt of notice of privacy practices.

Patients Name: _____ Date of birth: _____

I, _____, understand my HIPAA rights as they pertain to this office.
Please ask for your copy at the front desk.
*You may refuse to sign this form.

In an attempt to reach you, our office staff may:

- Leave a generic voicemail message
Leave detailed voicemail message
No preference

Would you like to share your dental information with anyone?

Name and relationship _____ Phone number _____

Name, conservator/legal guardian/POA _____ Phone number _____

Patient signature: _____ Date: _____

office use only below this line

An attempt to obtain written acknowledgement of our HIPAA Practices could not be obtained because of the following reason:

- INDIVIDUAL REFUSED TO SIGN
COMMUNICATION BARRIERS PROHIBIT OBTAINING ACKNOWLEDGEMENT
AN EMERGENCY SITUATION PREVENTED US FROM OBTAINING THE ASKNOWLEDGEMENT
OTHER (PLEASE SPECIFY) _____