Western Pennsylvania Dental Alliance
Dr. Michael Pazman
Dr. James Nemec
1301 Pittsburgh Street
Cheswick, PA 15024
(724) 274-6000

Acknowledgement of Receipt of HIPAA Notice of Privacy Practices

I acknowledge that I have reviewed/received a copy of this Dental Practice's HIPAA Notice of Privacy Practices.

If you anticipate that you will need or want our medical information to be provided to family members, friends, or caretakers/babysitters, please indicate below, so that we may best serve you. By signing below, you authorize the following people to receive information regarding your treatment or care: (If you wish to add names later, please confirm this in writing).

Spouse: _____ **Yes** **No**

Parent: _____ **Yes** **No**

Other: _____ **Yes** **No**

Printed Name: _____

Patient/Parent/Guardian Signature:_____

Date:_____

Please Note: It is your right to refuse to sign this Acknowledgement.

Dental Office Use Only

I tried to obtain written Acknowledgement by the individual noted above of receipt of our **Notice of Privacy Practices**, but it could not be obtained because:

__ An emergency prevented us from obtaining acknowledgement.

__ A communication barrier prevented us from obtaining acknowledgement.

__ The individual was unwilling to sign.

__ Other: _____

_____ _____
Staff Member Signature Date