

Patient ID (office use only): _____

Patient Initial: _____ Date: _____

Vienna Dental Arts

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NOTICE OF PRIVACY PRACTICE ACKNOWLEDGEMENT

(Health Insurance & Accountability Act of 1996)

Vienna Dental Arts takes your oral health very seriously.

To help us meet all your healthcare needs, please fill out this form completely in ink.

PATIENT ACKNOWLEDGEMENT



Patient name (Last, First, M.I.): _____

Thank you for taking the time to review our Notice of Privacy Practice. If you have any questions, we want to hear from you. If you do not, we would appreciate very much your acknowledging your receipt of our policy by signing and returning this acknowledgement to our office at the address indicated above.

Patient/Guardian Signature

Date

You reserve the right to request your information not to be released to

For example: *Do not bill my insurance. Do not release my information to my spouse*

Please check one: Please provide me with a copy

I do not require a copy

Vienna Dental Arts

HIPAA Privacy Officer

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 (specify) _____
