

Shroff Dental Arts



HIPAA Consent Form

I have been offered a copy of the "Notice of Privacy Practices", I understand I can print a copy of the "Notice of Privacy Practices" if I would like a hard copy.

Print Name: _____

Date: _____

Signature: _____

* You may refuse to sign this acknowledgement *

For Office Use Only

We attempted to obtain signed 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 (Please specify)
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