Dr. Debra Chinonis, DDS

G-6111 S Saginaw St., Grand Blanc MI 48439

810-695-5226

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES (HIPAA)

*You May Refuse To Sign This Acknowledgement

I, ____ have received a copy of this Office's Notice of Privacy Practices.

____

Print Name

____

Signature

____

Date

If this acknowledgement is signed by a personal representative on behalf of the patient, complete the following:

Personal representative's name ____

Relationship to Patient ____

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 (please specify)

____

____