



David S. Yasuda, DDS

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Practice Support
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Acknowledgement of Receipt of Notice of Privacy Practices

Revised to reflect the 2013 HIPAA/HITECH Omnibus Final Rule

****You May Refuse to Sign This Acknowledgement****

I have received a copy of the Notice of Privacy Practices from the office of Dr. David Yasuda.

Please 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 Program 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)