Gardena Dental Group
1104 W Redondo Beach Blvd
Gardena, CA 90247
(310) 366-7666 · smile@gardenadentalgroup.com

Acknowledgment of Receipt of Notice of Privacy Practices

Health Insurance Portability and Accountability Act (HIPAA)

I acknowledge that I have received, or have been offered, a copy of Gardena Dental Group's **Notice of Privacy Practices**. The Notice describes how my protected health information may be used and disclosed, how I may obtain access to it, and my rights regarding that information.

I understand that Gardena Dental Group may revise its Notice of Privacy Practices, that the current version is available at any time on request at the front desk, and that it is published at www.gardenadentalgroup.com/hipaa-notice/.

PATIENT

PATIENT NAME (PLEASE PRINT) _____ DATE OF BIRTH _____

SIGNATURE _____ DATE _____

IF SIGNED BY A PERSONAL REPRESENTATIVE

NAME (PLEASE PRINT) _____ RELATIONSHIP TO PATIENT _____

FOR OFFICE USE ONLY

A written acknowledgment could not be obtained. A good-faith effort was made, and it was not obtained because:

- ☐ The patient declined to sign.
- ☐ An emergency prevented us from obtaining a signature.
- ☐ A communication barrier prevented us from obtaining a signature.
- ☐ Other (describe): _____

STAFF MEMBER NAME AND SIGNATURE _____ DATE _____

Return this form to the front desk, or bring it with you to your appointment. Questions about your privacy rights? Call (310) 366-7666.