

RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES

**Richland Creek Family Dentistry
406 Morrow Rd
Nashville, TN 37209**

Acknowledgement

I, _____, hereby acknowledge that I have received and reviewed a copy of Richland Creek Family Dentistry's *HIPAA Notice of Privacy Practices*.

I understand that Richland Creek Family Dentistry's *HIPAA Notice of Privacy Practices* may change periodically and that I am entitled to receive a copy of Richland Creek Family Dentistry's revised *HIPAA Notice of Privacy Practices* upon request.

I understand that, if I have questions about Richland Creek Family Dentistry's *HIPAA Notice of Privacy Practices*, I may contact Dr. Tim McNutt, Jr. at 615-383-1444 or frontdesk@richlandcreekdentistry.com

I understand that it is my right to refuse to sign this Acknowledgement should I so choose, and that Richland Creek Family Dentistry will not refuse treatment to me if I refuse to sign this Acknowledgement.

I further understand that I may contact the Secretary of the U.S. Department of Health and Human Services should I have concerns regarding Richland Creek Family Dentistry's privacy policies and procedures. For information on how to contact the U.S. Department of Health and Human Services, please call (800) 368-1019 and ask for Timothy Noonan, Regional Manager Office for Civil Rights, noted above, for assistance.

Patient Signature

Date

Signature of Parent/ Guardian

Print Name of Parent/ Guardian

Relationship of Personal Representative to Patient