Amy F. Temple
Family Dentistry D.D.S., P.A.

ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICES OF PRIVACY PRACTICES

I, _____, acknowledge that I have received and/or reviewed a copy of HIPPA Notice of Privacy Practices. I understand that it is my right to refuse to sign the Acknowledgement should I so choose.

I understand that Amy F. Temple, DDS, PA's HIPPA Notice of Privacy Practices may change periodically and that I am entitled to receive a revised copy. I understand that if I have questions about Amy F. Temple DDS, PA's HIPPA Notice of Privacy Practices, I may contact the office of Amy F. Temple, DDS, PA.as listed above.

Please print your name here: _____

Signature: _____

Date: _____

Office Only: We were unable to obtain written acknowledgement of receipt of Privacy Practices because: a) an emergency existed, and a signature was not possible at the time. b) The individual refused to sign. C) Communication barriers d) other: _____:

_____

Employee Name / Signature Date

We cannot discuss your protected health information (PHI) with anyone other than yourself unless you authorize us to do so. Please list below names of the individuals you authorize our office to discuss your care and accounting (billing and payments) with.

_____

Name Relationship

_____

Name Relationship

_____

Name Relationship

840 Salisbury Street, Kernersville, NC 27284 Office (336) 993-5599 Fax 9336) 993-0877
Amyftempledds.com