

**Acknowledgement of Receipt of  
Notice of Privacy Practices  
For Jason E. Martin, DDS, PA**

I hereby acknowledge that I have received the Notice of Privacy Practices for the above office.

\_\_\_\_\_  
**Signature: Patient's Name / Personal Representative (as defined by HIPAA)  
Date**

\_\_\_\_\_  
Description of Personal Representation and please attach copy of documentation.

Documentation of "Good Faith" Attempt to get acknowledgement signature.

- Document presented to patient, but patient refused to sign acknowledgement.
- Patient presented with an emergency situation and there was no time to give the Notice or receive a signature. Attempt to get give the Notice, and get any acknowledgement will be handled as soon as possible.
- Documentation was presented to the patient but a communication failure prevented us from receiving the acknowledgement.
- The documentation was mailed to the patient but never returned to us.
- Other \_\_\_\_\_  
\_\_\_\_\_

Employee preparing document

Date

\_\_\_\_\_  
Employee signature \_\_\_\_\_