

University of Southern Indiana
Dental Hygiene Clinic
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College of Nursing and Health Professions

**ACKNOWLEDGEMENT OF RECEIPTS OF
NOTICE OF PRIVACY PRACTICES**

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

I, _____, have received a copy of this office's Notice of Privacy Practices.

Patient Signature

Date

-OR IF SIGNING FOR A MINOR-

Printed Name of Minor

Parent/Guardian Signature

Date

For Office 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
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)